

CITY OF OAKLAND RENT ADJUSTMENT PROGRAM

250 Frank H. Ogawa Plaza, Suite 5313 Oakland, CA 94612-0243 (510) 238-3721 CA Relay Service 711 www.oaklandca.gov/RAP

For Rent Adjustment Program date stamp.				

APPEAL

Appella	nt's Name	☐ Owner ☐ Tenant	
Property	y Address (Include Unit Number)		
Appellar	nt's Mailing Address (For receipt of notices)	Case Number	
		Date of Decision appealed	
Name of	Representative (if any)	Representative's Mailing Address (For notices)	
be providuelow income	elect your ground(s) for appeal from the list belied responding to each ground for which you a cludes directions as to what should be included are math/clerical errors that require the Hearin	re appealing. Each ground for appeal listed I in the explanation.	
•	lain the math/clerical errors.) aling the decision for one of the grounds below	(required).	
z) Appo			
a)	☐ The decision is inconsistent with OMC Chapter 8.22, Rent Board Regulations, or prior decisions of the Board. (In your explanation, you must identify the Ordinance section, Regulation or prior Board decision(s) and describe how the description is inconsistent.)		
b)	☐ The decision is inconsistent with decisions issued by other Hearing Officers. (In your explanation, you must identify the prior inconsistent decision and explain how the decision is inconsistent.)		
c)	 c)		
d)			
e)	☐ The decision is not supported by substanti explain why the decision is not supported by sub		

f)	claim. (In y claims and	our explanation, you must des what evidence you would have may issue a decision without a	to present my claim or respond to the petitioner's cribe how you were denied the chance to defend your presented. Note that a hearing is not required in every hearing if sufficient facts to make the decision are not			
g)	☐ The decision denies the Owner a fair return on the Owner's investment. (You may appeal on this ground only when your underlying petition was based on a fair return claim. You must specifically state why you have been denied a fair return and attach the calculations supporting your claim.)					
h)	□ Other. (//	า your explanation, you must a	ttach a detailed explanation of your grounds for appeal.)			
Supporting documents (in addition to this form) must <i>not</i> exceed 25 pages, and must be received by he Rent Adjustment Program, along with a proof of service on the opposing party, within 15 days of he filing of this document. Only the first 25 pages of submissions from each party will be considered by the Board, subject to Regulations 8.22.010(A)(4). <i>Please number attached pages consecutively.</i>						
• You m	ust serve a d	copy of your appeal on the o	oposing parties, or your appeal may be dismissed. •			
	I served a copy of: (insert name of document served) □ And Additional Documents					
and (write number of attached pages)attached pages (not counting the Appeal Form or the Proof of Service) to each opposing party, whose name(s) and address(es) are listed below, by one of the following means (check one):						
	 a. First-Class Mail. I enclosed the document(s) in a sealed envelope or package addressed to the person(s) listed below and at the address(es) below and deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid. b. Personal Service. (1) By Hand Delivery: I personally delivered the document(s) to the person(s) at the address(es) listed below; or (2) I left the document(s) at the address(es) with some person not younger than 18 years of age. c. Electronic Service. I electronically sent the document(s) to the person(s) at the address(es) listed below who have previously given written consent to receiving notices and documents in this matter from the RAP and from the OTHER PARTY/IES electronically at the email address(es) they provided. 					
<u>Name</u>						
Address	2					
City. Sta	ate Zip					
Email A	<u>ddress</u>					
Mana a						
<u>Name</u>						
Address	<u> </u>					
City, Sta	ate Zip					

Email Address		
• •	of perjury under the laws of the State of re served on // / (insert date served	California that the foregoing is true and correct.
PRINT YOUR NA	AME	•
SIGNATURE		DATE

IMPORTANT INFORMATION:

This Appeal must be received by the Rent Adjustment Program, 250 Frank Ogawa Plaza, Suite 5313, Oakland, California 94612, not later than 5:00 P.M. on the 20th calendar day after the date the decision was mailed to you as shown on the proof of service attached to the decision. If the last day to file is a weekend or holiday, the time to file the document is extended to the next business day.

- Appeals filed late without good cause will be dismissed.
- You must provide all the information required, or your appeal cannot be processed and may be dismissed.
- Any response to the appeal by the responding party must be received by the Rent
 Adjustment Program, along with a proof of service on appealing party, within 30 days of
 service of the service of the appeal if the party was personally served. If the responding
 party was served the appeal by mail, the party must file the response within 35 days of the
 date the appeal was mailed to them.
- There is no form for the response, but the entire response is limited to 25 pages or less.
- The Board will not consider new claims. All claims, except jurisdictional issues, must have been made in the petition, response, or at the hearing.
- The Board will not consider new evidence at the appeal hearing without specific approval.
- You must sign and date this form or your appeal will not be processed.
- The case record is available to the Board, but sections of audio recordings that you want the Board to review must be pre-designated to Rent Adjustment Staff.