



CITY OF OAKLAND

250 FRANK H. OGAWA PLAZA ▪ SUITE 2340 ▪ OAKLAND, CALIFORNIA 94612-2031

Planning and Building Department

(510)238-3381

Bureau of Building

TDD: (510)238-3254

Code Enforcement Services

foreclosednodregistrations@oaklandca.gov

REGISTRATION APPEAL FORM

Instructions:

If you have received a **Notice to Register (NTR)** or **Notice to Register Penalty Assessment** related to **Foreclosed and Defaulted or Investor Owned Property**, you have the right to appeal. Please review the NTR and indicate below what you are appealing.

Complete this form and return it, along with the required filing fee and supporting documentation, to the Bureau of Building, at **250 Frank Ogawa Plaza, 2nd Floor, Cashiering, Oakland, CA 94612**. Appeals forms submitted in person or by mail but must be received by the Bureau of Building no later than the **Registration Deadline** identified on the Notice to Register. Appeals Forms submitted without the required Filing Fee will be rejected.

All future correspondence pertaining to this appeal will be sent via email only unless you have indicated below that you do not agree.

Filing Date:	<input type="text"/>	Complaint No.	<input type="text"/>
Property Address:	<input type="text"/>	APN	<input type="text"/>
Name of Appellant:	<input type="text"/>		
Appellant Mailing Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Email Address:	<input type="text"/>
Property Owner: (if different)	<input type="text"/>	Phone Number:	<input type="text"/>
Property Owner Mailing Address:	<input type="text"/>		
Property Owner Email Address:	<input type="text"/>		
Representative/ Attorney (if any)	<input type="text"/>	Phone Number:	<input type="text"/>
Representative's Mailing Address:	<input type="text"/>		
Representative's Email Address	<input type="text"/>		

NON-ATTORNEY REPRESENTATIVES MUST PROVIDE NOTARIZED AUTHORIZATION

I do not agree to receive future correspondence pertaining to this appeal by email.

Appeal Type: (Check the appropriate box)

- Foreclosed & Defaulted Registration**
- Investor Owned Registration**
- Foreclosed & Defaulted Penalty Assessment**
- Investor Owned Penalty Assessment**

How to Appeal:

Complete and submit this form, along with all required filing fees, to the Bureau of Building no later than the **Registration Deadline**. The **Registration Deadline** shall be twenty-one (21) days.

Appeal Type:	Filing Fee
Registration	\$142.00
Penalty Assessment	\$142.00

Appeals Process:

Appeals of Registration will be reviewed administratively by staff who may grant the appeal without a hearing. If staff does not grant the appeal, a hearing will be scheduled before an Independent Hearing Officer within 60 days, unless you waive the right to the hearing following administrative review. If the Independent Hearing Officer grants your appeal, you will not be charged for the hearing. If the Hearing Officer denies your appeal, you must register and pay all administrative costs for the hearing as follows:

Administrative Hearing Fees

Actual Cost to Conduct Appeals Hearing
\$1,057.00 Processing Fee + \$250.00 per hour Hearing Officer fee

Costs include:

- Review of Evidence
 - Conducting the Hearing
 - Final Decision Preparation
 - Parking and Postage costs
 - Records Management and Technology Enhancement fee (14.75%)
- Fees charged only if Appellant loses appeal**

Notice of the date, time, and place of hearing will be sent to the appellant by email and or mail at least 21 days prior to the hearing. At the hearing, you may present evidence and testimony to support your appeal.

Decisions of the Independent Hearing Officer regarding Registration are final and may only be appealed in court.

Appeals not filed in a timely manner will be rejected.

Please respond to all of the following:

- a. Briefly identify your legal interest in the property.
- b. Briefly describe why you are appealing the Notice to Register or Penalty notice.
- c. Briefly describe how the City has erred or abused its discretion in bringing this action.
- d. Briefly identify how you want the City to resolve your appeal.

You may use this form to write your explanation and/or attach supplemental pages as needed.

I Declare under Penalty of Perjury that the information given herewith in all respects is true and accurate to the best of my knowledge and belief.

_____	_____	_____	_____
Appellant Signature	Date	Representative Signature	Date
_____	_____	_____	_____
Print Name Clearly		Print Name Clearly	

Office Use Only

Record ID(s): _____ **Administrative Reviewer(s):** _____

Receive Date: _____

Administrative Determination: Approved Refund required: Yes No If yes, \$ _____

Administrative Determination: Denied Hearing to be scheduled

Decision: _____
