

CITY OF OAKLAND



P.O. BOX 70243, OAKLAND, CALIFORNIA 94612-0243
Community and Economic Development Agency
Rent Adjustment Program

(510) 238-3721
FAX (510) 238-3691
TDD (510) 238-3254

**NOTICE OF PAYMENT OF RELOCATION BENEFITS TO TENANT
OMC §8.22.400**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

TO: RENT ADJUSTMENT PROGRAM

Owner has paid to Tenant two months of the rent in effect at the time of the **Notice of Termination of Tenancy (Form 1)**..

This payment was delivered to Tenant by

delivering to Tenant in person

mailing to Tenant at his current address: _____
(Street Address)

(City, State Zip Code)

TENANT NAME: _____

PROPERTY ADDRESS
AND RENTAL UNIT NO.: _____

SIGNATURE OF _____
OWNER

DATE _____