



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 INTEREST IN RE-RENTING RENTAL UNIT
PREVIOUSLY WITHDRAWN FROM RENTAL MARKET
(O.M.C. § 8.22.460(A)(3)(a))**

TO: _____
(Owner)

FROM: _____
(Tenant)

Property Address: _____

I wish to be contacted if the rental units at the above address are offered for rent for residential purposes with ten (10) years of the date that the units were withdrawn from the rental housing market. An offer to renew my tenancy should be sent to me at the following address:

(Address Including Apartment Number or P.O. Box Number)

(City, State and Zip Code)

You must advise the Owner if your address changes.

You must complete and return this Notice to the Owner and the City of Oakland Rent Adjustment Program within thirty (30) days after receipt of the Owner's Notice of Termination of Tenancy or within thirty (30) days after vacating your rental unit.

SIGNATURE: _____

DATED: _____