



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

ELLIS ACT ORDINANCE (O.M.C. § 8.22.400)

**REQUEST FOR EXPUNGEMENT OF CONSTRAINTS UPON
SATISFACTION OF CONSTRAINTS**

THIS FORM CONTAINS CONFIDENTIAL INFORMATION

1. The real property where the rental units are located is specifically described as:

See Attachment A, legal description of property.

Name of Owner(s): _____

Block: _____ Lot: _____

Address: _____, Oakland, CA

2. Status of property.

- a. Vacant.
- b. Demolished.
- c. Converted to Condominiums.
- d. Converted to other use.
- e. Demolished and rebuilt as rental housing.
- f. Demolished and rebuilt for other use.

3. If the property is occupied and used as residential rental housing, including if the building was demolished and rebuilt, the current occupants of the rental units are:

RENTAL UNIT #	NAME(S) OF EACH CURRENT OCCUPANT	PHONE NUMBER OF CURRENT OCCUPANT

CITY OF OAKLAND



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4. The constraints are recorded at Alameda County Recorder's No. _____.

(ATTACH ADDITIONAL PAPER IF MORE SPACE IS NECESSARY)

5. Statement of Owner:

I certify that all constraints on the property under the Ellis Act and Oakland Municipal Code have been fully satisfied and are no longer applicable. On that basis, I request the Rent Adjustment Program to record an expungement of the Notice of Constraints.

The complete basis, with supporting evidence attached, that shows the constraints have been fully satisfied, is as follows:

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Executed on _____ in _____, California.
(date) (city)

(print name) (signature)

All owners must sign. Attach additional paperwork if necessary.