

SANTA MONICA RENT CONTROL BOARD
1685 Main Street, Room 202, Santa Monica, CA 90401
(310) 458-8751

REQUEST FOR COMPLIANCE DETERMINATION

Part 1

Petition#	<input type="text" value="D-"/>
Property Address: _____	Unit # _____
Santa Monica, CA 9040 _____	

Part 2

Your Name: _____
Address: _____
City/State/Zip: _____
Phone #: _____ (Day) _____ (Evening)
Date this request submitted: _____

Part 3

Itemize repairs on reverse side of this form
(Over)

REQUEST FOR COMPLIANCE DETERMINATION

I am requesting a Compliance Determination be issued because the following item(s) have been repaired (please attach receipts where applicable):

	Type of Repair	Date Repaired
A	_____	_____

B	_____	_____

C	_____	_____

D	_____	_____

E	_____	_____

F	_____	_____

G	_____	_____

H	_____	_____

I	_____	_____

J	_____	_____

K	_____	_____

Receipts Attached: Yes No