City of Santa Monica

NOTICE TO LANDLORD TO REIMBURSE EXCESS RENT PAYMENT
[Regulation 8022(a)]

To: _____
(Landlord)

From: _____, residing at _____
(Name of tenant)

_____ Santa Monica, CA _____
(street address, Unit #)   (Zip code)

I request reimbursement for excess rent in the amount of $_____

collected between _____ and _____
(Date collection started)   (Date collection ended/Present)

The reimbursement of the excess rent alleged in this notice precludes the filing of a complaint for that excess rent.

If this overpayment is not returned or credited within thirty (30) days from the date of this Notice, I intend to file an Excess Rent Complaint with the Santa Monica Rent Control Board.

_____
signature of tenant

_____
date