

SANTA MONICA RENT CONTROL BOARD

1685 Main Street, Room 202, Santa Monica, CA 90401

· santamonica.gov/rentcontrol

· rentcontrol@santamonica.gov

· (310) 458-8751

Ownership Registration Form

Office use only. MPP#:		
Property Address	1. Address 2. Number of Units on Property	
Who holds title? All owners must be listed. Attach an additional sheet to list more owners.	3. Owner 1 Ownership % Address Principal Business Address or Residence (PO Box or Mgmt. Co. Address Not Acceptable) City State ZIP Tel. # Email	
	3a. If Owner 1 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing member, CEO or responsible party below. Name Title	
	Address Principal Business Address or Residence (PO Box or Mgmt. Co. Address Not Acceptable) City State ZIP Tel. # Email	
	 4a. If Owner 2 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing member, CEO or responsible party below. Name Title 5. Owner 3 Ownership % 	
	Address	
	5a. If Owner 3 is a trust, LLC, corporation or business partnership, enter the name of the trustee, managing member, CEO or responsible party below. Name Title	

TURN TO SIDE 2



Please attach an additional sheet to list more owners.

When was the last change in how title is held?	6. Purchase Date//(must be mm/dd/yyyy format) 7. Date of Most Recent Title Change// (must be mm/dd/yyyy format) 8. Former Owner
Authorized Agent If any	9. Do you want to register an authorized agent to sign Rent Control documents for you? No Yes If yes, provide the information below. The undersigned hereby authorize(s) and appoint(s) the agent listed here to execute, under penalty of perjury, the Santa Monica Rent Control Board registration form and other registration related documents for this property. I/We agree to be bound by each document filed by this person to the same extent as if I/we had completed the document and executed it under penalty of perjury myself/ourselves. Agent Name Person and/or Management Company Address City State ZIP Tel. # Email
Communication Information Select only one.	10. To whom would you like all official Rent Control correspondence and bills sent? Select only one. Owner 1
Signature(s) At least one original signature is required. Faxes, emailed forms and photocopies are not acceptable.	I/We declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Owner 1