



APPEAL TO THE BOARD

Any party may appeal the Decision of the Administrative Law Judge. Such appeal must be filed no later than fifteen (15) calendar days after the mailing of the Administrative Law Judge's Decision. If you are filing late, you must state the reason so that the Board can determine if there is good cause for the untimely filing. The filing of a timely appeal will stay only that portion of any Administrative Law Judge's Decision that permits payment, refund, offsetting or adding rent. If you are appealing on the basis of financial hardship, you must use the separate hardship appeal forms.

THIS APPEAL MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1. 1 SET OF ENVELOPES, LARGE ENOUGH TO ACCOMMODATE ALL OF YOUR APPEAL DOCUMENTS, PRE-ADDRESSED to the other party(ies), with NO return address but with sufficient postage for mailing the appeal and attached documents.
2. 2 SETS OF BUSINESS SIZE ENVELOPES, PRE-ADDRESSED to all parties including the appealing party, with NO return address but with first class postage affixed for mailing one ounce.
3. COPIES OF THE APPEAL, including all supporting documents, for each non-appealing party, plus 13 ADDITIONAL COPIES for the Rent Board Commissioners and staff.
4. If you are filing the appeal because you did not receive the notice of hearing, you must attach a completed Declaration of Non-Receipt of Notice of Hearing form, which is available at the Rent Board's office and on our website (www.sfgov.org/rentboard).

Case Number

Name of Administrative Law Judge

Name of Party Filing Appeal (Please Print)

Landlord

Tenant

Date Decision was Mailed

Street Number of the Unit

Street Name

Unit Number

San Francisco, CA

Zip Code

I appeal the Administrative Law Judge's Decision because I believe that the Administrative Law Judge erred or abused his or her discretion in the following respects:

NOTE: THE RENT BOARD WILL MAIL A COPY OF THIS APPEAL TO THE OTHER PARTY(IES). HOWEVER, THE PARTIES MUST SERVE EACH OTHER WITH ALL OTHER DOCUMENTS FILED AFTER THE INTIAL FILING OF THIS APPEAL, AND INDICATE YOU HAVE DONE SO.

Date

Signature\*

\*If representative, print name

ADDITIONAL INFORMATION REQUIRED ON BACK SIDE OF THIS FORM

## APPEAL TO THE BOARD (page two)

**Tenant Information:** \* If there is more than one tenant, attach additional names and addresses.

|                                       |                    |               |      |       |          |
|---------------------------------------|--------------------|---------------|------|-------|----------|
| First Name                            | Middle Initial     | Last Name     |      |       |          |
| <b>Mailing Address:</b> Street Number | Street Name        | Unit Number   | City | State | Zip Code |
| Home Phone Number                     | Other Phone Number | Email Address |      |       |          |

**Tenant Representative Information:**

|                                       |                    |               |      |       |          |
|---------------------------------------|--------------------|---------------|------|-------|----------|
| First Name                            | Middle Initial     | Last Name     |      |       |          |
| <b>Mailing Address:</b> Street Number | Street Name        | Unit Number   | City | State | Zip Code |
| Home Phone Number                     | Other Phone Number | Email Address |      |       |          |

**Landlord Information:** \* If there is more than one landlord, attach additional names and addresses.

|                                       |                    |               |      |       |          |
|---------------------------------------|--------------------|---------------|------|-------|----------|
| First Name                            | Middle Initial     | Last Name     |      |       |          |
| <b>Mailing Address:</b> Street Number | Street Name        | Unit Number   | City | State | Zip Code |
| Home Phone Number                     | Other Phone Number | Email Address |      |       |          |

**Landlord Representative Information:**

|                                       |                    |               |      |       |          |
|---------------------------------------|--------------------|---------------|------|-------|----------|
| First Name                            | Middle Initial     | Last Name     |      |       |          |
| <b>Mailing Address:</b> Street Number | Street Name        | Unit Number   | City | State | Zip Code |
| Home Phone Number                     | Other Phone Number | Email Address |      |       |          |

**Other Party Information:** Please specify the other party's role in this case \_\_\_\_\_

|                                       |                    |               |      |       |          |
|---------------------------------------|--------------------|---------------|------|-------|----------|
| First Name                            | Middle Initial     | Last Name     |      |       |          |
| <b>Mailing Address:</b> Street Number | Street Name        | Unit Number   | City | State | Zip Code |
| Home Phone Number                     | Other Phone Number | Email Address |      |       |          |