

**Residential Rent Stabilization & Arbitration Board  
City and County of San Francisco**

**REPORT OF ALLEGED WRONGFUL SEVERANCE  
OF A HOUSING SERVICE PURSUANT TO ORDINANCE §37.2(r)**

**(Please Print)**

My name is: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I have lived at \_\_\_\_\_ since \_\_\_\_\_  
(Street Number) (Street Name) (Apt. Number) (Zip Code) (Month/Day/Year)

My mailing address (if different) is: \_\_\_\_\_  
(Street Number & Street Name & Apt. Number OR P.O. Box) (City and State) (Zip Code)

The entire building address (including the lowest and highest numbers) is: \_\_\_\_\_

Number of units in the building: \_\_\_\_\_ Name of building complex (if applicable): \_\_\_\_\_

My building was built before June 13, 1979.  Yes  No  Don't Know

I receive some rental assistance from a government agency.  Yes  No  Don't Know \_\_\_\_\_  
Specify type of assistance

My rent is paid to  the owner  the manager  the master tenant  other \_\_\_\_\_

The person or business I pay my rent to is: \_\_\_\_\_

The owner's name is: \_\_\_\_\_  
(First) (Middle Initial) (Last)

The owner's mailing address is: \_\_\_\_\_  
(Street Number) (Street Name) (Apt./Suite Number) (City and State) (Zip Code)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

The master tenant's name (if applicable) is: \_\_\_\_\_  
(First) (Middle Initial) (Last)

The master tenant's mailing address is: \_\_\_\_\_  
(Street Number) (Street Name) (Apt./Suite Number) (City and State) (Zip Code)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

The landlord's attorney/representative (if applicable) is: \_\_\_\_\_  
(circle one) (First) (Middle Initial) (Last)

The attorney/representative's mailing address is: \_\_\_\_\_  
(Street Number) (Street Name) (Apt./Suite Number) (City and State) (Zip Code)

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

The name, mailing address and phone number of MY  representative  attorney  interpreter (if any) is:  
\_\_\_\_\_  
(First) (Middle Initial) (Last) Work Phone: \_\_\_\_\_

\_\_\_\_\_  
(Street Number) (Street Name) (Apt./Suite Number) (City and State) (Zip Code) Fax Number: \_\_\_\_\_

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**WARNING TO TENANTS:** The filing of this Report will not prevent the landlord from filing a legal action against you in court. IF YOU RECEIVE COURT PAPERS, YOU SHOULD SEEK LEGAL ASSISTANCE IMMEDIATELY.

1. I received a  **written** and/or  **oral** notice to stop using the following housing service (check one):  
 garage facilities  parking facilities  driveway  storage space  laundry room  deck  patio  
 garden  kitchen facilities in residential hotel (SRO)  lobby in residential hotel (SRO)
- on \_\_\_\_\_ from \_\_\_\_\_  
(Date) (First) (Middle Initial) (Last)
- who is the  owner  manager  master tenant  landlord's attorney  landlord's representative
2. I have attached a copy of the notice to this Report of Alleged Wrongful Severance.  Yes  No
3. I have attached other supporting evidence to this Report of Alleged Wrongful Severance.  Yes  No
4. My use of the housing service was supposed to stop on the following date: \_\_\_\_\_.
5. I  did  did not stop using the housing service on the following date: \_\_\_\_\_.
6. The landlord reduced my rent by the following amount for the decreased housing service: \$\_\_\_\_\_.

7. I believe the severance of the housing service is wrongful because (use additional sheet if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. **I understand that I am responsible for my own defense in any lawsuit.** I release the Rent Board, its members and staff, the City and County of San Francisco, and any and all of its officials or employees from claims arising out of my filing of this complaint or the Rent Board's action upon it.
9. Have you or your landlord previously filed a petition or report with the Rent Board concerning this property?
- Yes  No If Yes, please list the petition number(s): \_\_\_\_\_

**DECLARATION OF TENANT(S)**

I DECLARE UNDER PENALTY OF PERJURY THAT THIS INFORMATION AND EVERY ATTACHED DOCUMENT, STATEMENT AND FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**NOTE:** Every tenant who wishes to be included in this Report of Alleged Wrongful Severance must sign this declaration.

Print Tenant's Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Tenant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_