

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

**REQUEST FOR FULL DECISION AFTER ISSUANCE OF A MINUTE ORDER**

Any party may file a Request for Full Decision. Such Request must be filed no later than 15 calendar days after the date of mailing of the Minute Order. If the 15th day falls on a Saturday, Sunday, or legal holiday, the Request may be filed with the Board on the next business day.

The timely filing of this Request for Full Decision will automatically dissolve the Minute Order. A full Decision of Hearing Officer will issue within 45 calendar days after the date the Full Request for Decision is received at the Rent Board. If the Request for Full Decision is not received within the prescribed time period, the Minute Order shall become the final order. The Minute Order is not subject to appeal.

**THIS REQUEST FOR FULL DECISION IS NOT AN APPEAL.** The purpose of requesting a full decision is NOT to seek a change of the ruling in the Minute Order nor to submit new evidence. The ruling in a full decision will be consistent with the ruling in the Minute Order; it will just explain the ruling more fully, in the traditional decision format. Once the full decision is issued, *it* may be appealed within 15 days of issuance, in accordance with regular Rent Board appeal procedures. **If you want to appeal the Hearing Officer's ruling, you MUST file this form to request a full decision.**

THIS REQUEST FOR FULL DECISION MUST BE ACCOMPANIED BY THE FOLLOWING:

- 1. 2 sets of pre-addressed business-sized envelopes (with no return address) for each party, including yourself.
- 2. COPIES of this Request for Full Decision form for each party, plus the original.

CASE NUMBER \_\_\_\_\_ PROPERTY ADDRESS \_\_\_\_\_

NAME OF HEARING OFFICER \_\_\_\_\_ POSTMARK DATE OF MINUTE ORDER \_\_\_\_\_

I am the  Tenant  Landlord and I request a full decision in this case for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE\* \_\_\_\_\_

Please print your name, address & phone #: \*If representative, print name, address & phone: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff use only:  Timely filed–Minute Order dissolved.  Not timely filed–Minute Order final.

sjg/shrdfldr/minord/reqfulldec/1/99

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