



**This is not a rent increase.** Tenants will receive written notification of a public hearing that will be held for this petition and have the right to appear and be heard at these hearings. If the petition is approved, Tenants will be provided a separate written rent increase notice from the Landlord, a minimum of 30 or 60 days prior to the effective date of the rent increase.

**NOTICE OF SUBMISSION AND PROOF OF SERVICE  
TO TENANTS OF A PETITION REQUESTING  
UPWARD ADJUSTMENT OF RENT AS DEFINED BY  
THE COMMUNITY STABILIZATION AND FAIR RENT ACT (CSFRA)**

Date:

Address:

Unit Number (#):

Tenant Name(s)\*:

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(\*List all tenants of the property affected by this petition.)

This is to notify you that a petition has been submitted for approval of an upward adjustment of rent for the property that includes your rental unit, pursuant to the City of Mountain View Community Stabilization and Fair Rent Act ("CSFRA"), by the landlord, owner, agent or representative stated below. **A copy of the Petition and its Worksheets are attached to this Notice. To review the complete and redacted Petition Packet, including evidentiary documentation, please contact the Mountain View Rent Stabilization Program.**

**You are entitled to participate in all stages of this process and to have representation if you wish.** You also have the right to file a Response Notice. A copy of the Response Notice is attached. For more details about the petition process, please visit: [www.mountainview.gov/rentstabilization](http://www.mountainview.gov/rentstabilization). Once the attached petition is accepted for filing by the Rental Housing Committee's designated administrator, the process for deciding the petition will begin.

For help please call the Mountain View Rent Stabilization Program at (650) 903-6136, email [mvrent@mountainview.gov](mailto:mvrent@mountainview.gov), or visit us during our virtual office hours on Tuesdays from 10 am-12 pm by registering at [www.mountainview.gov/rspofficehours](http://www.mountainview.gov/rspofficehours).

The submitted petition is based on the following reasons:

(Check each box that applies; a separate petition form is required for each checked box.)

- Capital Improvement
- Maintenance of Net Operating Income (MNOI) / Fair Return

**Landlord/Owner/Agent/Representative**

Date:

Signature:

Print Name:

Address:

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Este formulario está disponible en español y mandarín. | 此表格有西班牙语和中文版本

## Landlords Proof of Service of Petition Packet

I declare that I am over eighteen years of age, and that I served one copy of the attached Notice of *Landlord Petition* on the **affected tenant(s) listed above by:**

**Personal Service**

Delivering the documents in person on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the address(es) or location(s) above to the following individual(s).

**Mail**

Placing the documents, enclosed in a sealed envelope with First-Class Postage fully paid, into a U.S. Postal Service Mailbox on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, addressed as follows to the following individual(s).

**Email**

Emailing the documents on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the email address(es) as follows to the following individual(s).

Affected Party

INSERT RESPONDENT NAME

INSERT RESPONDENT ADDRESS

INSERT RESPONDENT EMAIL

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:***

Executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_