

## CITY OF OAKLAND RENT ADJUSTMENT PROGRAM 250 Frank H. Ogawa Plaza, Suite 5313 Oakland, CA 94612-0243

TEL (510) 238-3721 FAX (510) 238-6181 TDD (510) 238-3254

## **Owner's Pre-Move Out Disclosure Certification Form**

The owner must provide this form to the Rent Adjustment Program prior to commencing Move Out Negotiations.

Owner's Name	Telephone
Owner's Mailing Address	E-mail
(a) The owner intends to enter into Move Ou rental unit located at:	it Negotiations to recover possession of the
	Oakland, CA
Street Number Street Name	Unit Number Zip Code
<ul> <li>(b) A list of all dates on which the Owner with any current or prior Tenants at th occupied by each Tenant, completed and knowledge.</li> <li>Date of Move Out Negotiation</li> </ul>	r initiated other Move Out Negotiations are property and the Rental Units to the best of the Owner's recollection  Unit Number
I certify that I have provided each Tenant with the disclosure form required by the Tenant Move Out Agreement Ordinance.	
Owner's Name And Owner's	Date the owner provided tenant with the
Representative, if Applicable	disclosure form
Owner's or Representative's Signature	-