



City of Alameda Rent Program
950 W. Mall Square, Room 172
Alameda, CA 94501

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• FORM RP-204 •
Proof of Service

PURPOSE

This form may be used by a landlord to document that a tenant has been served any documents required by the Rent Ordinance, such as when noticing a tenant about withdrawing a rental unit from the rental market or when providing a tenant with a notice of rights or entitlements. Form instruction pages will indicate when proof of service is required.

INSTRUCTIONS

A landlord must provide proof to the Rent Program to substantiate that all required notices were served on the tenant(s). Landlords may use this proof of service form or use their own form as long as they provide all of the information found on this form.

Property and Contact Information

Rental Unit Property Information

Assessor Parcel Number (APN): _____ - _____ - _____

Property Address: _____, Alameda, CA

Landlord Contact Information

Name: _____

Mailing Address: _____ City, State & Zip Code: _____

Email: _____ Phone: (_____) _____

Agent Contact Information (if applicable)

Name: _____

Mailing Address: _____ City, State & Zip Code: _____

Email: _____ Phone: (_____) _____

Proof of Service

My name is _____.

On _____, I served the following document(s):
(Date of Service)

on the following person(s): _____.

Service was made by (check the appropriate statement)

PERSONAL DELIVERY:

I handed a copy of the documents listed above to the following tenant(s):

(Tenant Names)

MAILING:

I placed a true copy of the documents listed above in a sealed envelope with first class postage prepaid, in the U.S. mail and addressed as follows:

Name: _____

Address: _____

City, State & Zip Code: _____

Declaration

I, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and this Declaration was made on _____, 20____, at _____, California.

Signature of Person Who Served the Document(s): _____

Print Name: _____ Date: _____

Signature of Landlord/Agent: _____

Print Name: _____ Date: _____