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Request for Duplication of Rent Board Records (Hard-copy or Digital)

Name: _____ Date Requested: _____ Property/Personal Address: City: State: ZIP: Phone: PLEASE NOTE: Much of the information listed below is available on the Rent Board's website at www.cityofberkeley.info/rent at no cost. For subscriptions: It is your responsibility to notify our office of any change of address. Please make checks or money orders payable to the City of Berkeley. For a complete Administrative Fee Schedule, visit our Forms web page or ask for a copy at our office. **Property File or Hearing File duplication** ☐ Property File (*Circle One*: Entire File • Partial File | # of pages _____ x \$0.10/page = \$____ amount due) ☐ Hearing File (Petition #_____ | # of pages _____ x \$0.10/page = \$____ amount due) Rent Board Meeting or Administrative Hearing video duplication, or copy of the Rent Board's database ☐ Copy of Rent Board Meeting video (Meeting date _____): \$10 per CD/DVD ☐ Copy of Administrative Hearing (Hearing date and Petition #): \$10 per CD/DVD ☐ Copy of Rent Tracking System (RTS) database (Public information only): \$10 per CD/DVD **Publications** ☐ Everyone's Guide to Rent Control: **No charge** (Limit one copy) ☐ Rent Stabilization and Eviction for Good Cause Ordinance (B.M.C. Chapter 13.76): **No charge** (Limit one copy) ☐ Chapter 12: Individual Adjustments of Rent Ceilings: \$10 ☐ Regulations of the Berkeley Rent Stabilization Board: \$30* **Subscriptions** ☐ Rent Stabilization Board meeting Agenda: \$30 per year (Non-Berkeley residents/businesses) ☐ Rent Stabilization Board meeting Agenda with attachments: \$300 per year (Berkeley and Non-Berkeley residents) ☐ Rent Stabilization Board Meeting Approved Minutes: \$30 per year ☐ Updates to Regulations: \$30 per year* *If you need a new set of regulations and want to receive yearly updates, the cost is \$60 (\$30 for the regulations and \$30 per year for the updates). **PAYMENT METHOD (Check ONE):** Enclosed is \$ ☐ Check # Expires: ____/ ___ Credit Card V-Code: _____ □ VISA or Mastercard Amount Authorized Card Number: _____ - ____ - ____ - ____ FOR OFFICE USE ONLY

Signature