



REQUEST TO RESCHEDULE HEARING OR APPEAL

8300 Santa Monica Blvd., West Hollywood, CA 90069 p: (323) 848-6450 Email: rsd@weho.org

Property Address: _____ **App #:** _____
(Street Number) (Street Name) (Unit #)

Applicant Information:

Name: _____ Phone: (_____) _____

Mailing Address: _____
(Street Number) (Street Name) (City) (State) (Zip Code)

1. When is this hearing or appeal scheduled for consideration? _____
2. Thoroughly explain why you or your witness cannot be at the hearing or appeal. If you are filing this within three business days of the presently scheduled hearing date, explain why this request could not have been filed sooner (attach an additional page if necessary).

3. Select two alternate dates: a. _____ b. _____

4. Have the other parties agreed to the rescheduling? YES NO

(If you answered YES, skip to Question #6; if you answered NO, you must answer question #5)

5. If you answered NO to question #4, why were other parties not agreeable to rescheduling?

6. Regardless of whether or not the parties have agreed to the rescheduling, are all affected parties available on either or both of the proposed alternate dates? Please explain:

7. If you were not able to contact the other parties, state what diligent efforts you made to try to reach them:

Declaration:

I declare under penalty of perjury under the laws of the State of California that I have served all affected parties with a copy of this request and that all of the above and all attached pages, including documentation, are true correct, and complete.

I further understand that, by this agreement (if I am the applicant to the underlying application), I waive the 115-day requirement for the closure of this case.

Signature: _____ Date: _____

Print Name: _____

HELPFUL INSTRUCTIONS: REQUEST TO RESCHEDULE HEARING OR APPEAL

This request should be received by the Rent Stabilization Division as soon as possible, and **in no event later than three business days** before the scheduled consideration date unless you have a legitimate reason why the request could not have been filed before the deadline (for example, sudden personal or family emergency). **THIS REQUEST HAS NO EFFECT UNLESS IT IS GRANTED BY THE RENT STABILIZATION DIVISION. YOU SHOULD PLAN TO ATTEND THE SCHEDULED HEARING OR MEETING UNLESS OTHERWISE NOTIFIED BY THE DIVISION.** The Hearing or Appeal will not be rescheduled unless this request is granted by the Division. It will be held on the presently scheduled date and you should attend on that date. If another date is scheduled, you will receive a new notice in the mail with the new date and time. If there is enough time, Division staff will contact affected parties to let them know if the request has been denied.

- ✓ Write your name as the requesting party, then the number of the case as the Application number, the address of the property and the date the Hearing or Appeal is presently scheduled.
- ✓ **Thoroughly explain** why you are not able to attend on the presently scheduled consideration date. Unclear answers, such as “Not available” or “Can’t make it”, will result in automatic denial of your request.
- ✓ Select two alternate dates for rescheduling the consideration. **YOU MUST CONTACT ALL OTHER AFFECTED PARTIES TO SEE IF THEY AGREE TO THE CONTINUANCE AND TO THE ALTERNATE DATES YOU HAVE SELECTED. THE PARTIES SHOULD WORK TOGETHER TO SELECT DATES ON WHICH EVERYONE IS AVAILABLE. THE DIVISION WILL NOT CONTACT PARTIES TO TRY TO GET THEM TO AGREE TO A NEW DATE. ORDINARILY, THIS REQUEST FOR RESCHEDULING WILL NOT BE GRANTED UNLESS ALL PARTIES AGREE.** However, even if they do not agree, it may be granted depending on the information you state on the reverse of this form. These dates should be as close to the scheduled date as possible and, except in the most exceptional circumstances, no later than thirty days from the date the Notice was issued. You may select dates that are earlier than the presently scheduled date. If you wish to reschedule the consideration of an appeal, the dates you select must be the same as regularly scheduled Rent Stabilization Commission meetings; these meetings are generally held on the second and fourth Thursday evenings of the month.
- ✓ Write the alternate dates on line 3 on the reverse of the form. You must also complete lines 4, 5, 6, and 7 as appropriate to reflect all other parties’ agreement to the continuance and their availability on the proposed alternate dates. If the request is granted, the Hearing will probably be rescheduled on a date which is mutually agreeable to all parties; however, the Division may need to reschedule the hearing on yet another date if either the Hearing Examiner or meeting room is unavailable on the dates you select.
- ✓ Sign and date the Declaration on the reverse side of this form.
- ✓ It is necessary to give a copy of this form to all affected parties **before** you file it with the Division. Putting it in the mail is adequate provided you allow sufficient time for the mail to be delivered prior to filing it with the Division.
- ✓ File the original with the Division **NO LATER THAN THREE BUSINESS DAYS PRIOR TO THE SCHEDULED CONSIDERATION DATE.** Requests will be accepted within those three days only if good cause is stated on this form as to why it could not have been filed earlier. The earlier you file this request, the more likely the Division will be able to grant it.

<u>Office Use Only</u>		
APPROVED _____	DATE _____	COMMENTS: _____
DENIED _____	DATE _____	_____
ENTERED _____	DATE _____	_____