



CITY OF CULVER CITY
LANDLORD-TENANT MEDIATION BOARD

CULVER CITY HOUSING DIVISION

9770 CULVER BOULEVARD, CULVER CITY, CALIFORNIA 90232-0507

(310) 253-5780
FAX (310) 253-5785

Pursuant to Chapter 15.09 of the Culver City Municipal Code (CCMC), if a tenant files a request for mediation within 15 days of receipt of a rent increase notice, a mediation session shall be set prior to the effective date of such rent increase. No rent increase subject to mediation (as set forth in CCMC Sections 15.09.015 and 15.09.020) shall be effective unless or until the landlord or the landlord's duly authorized agent meets in good faith with the tenant requesting the mediation. If a tenant files a request for mediation after the 15-day filing period, the Housing Division office will contact the landlord, and if the landlord agrees, a voluntary mediation session will be scheduled.

REQUEST FOR MEDIATION

INSTRUCTIONS: Please fill out as completely as possible. If you have written documentation to support your complaint, please attach copies. Do not send originals. IF ADDITIONAL SPACE IS NEEDED FOR ANY OF THE QUESTIONS BELOW, PLEASE ATTACH A SEPARATE SHEET OF PAPER.

_____	_____
Date	Rental Unit Name (if applicable)
_____	_____
Tenant Name	Owner Name
_____	_____
Tenant Address	Owner Address
_____	_____
Tenant Phone	Owner Phone
_____	_____
Tenant Business Phone	Manager Name and Phone (if applicable)

- I live in: an apartment 2-4 units a house a condo
- Do you have a lease? Yes No
- How much was the monthly rent when you moved in? _____
- How long have you lived at the above address? _____
- Has there been a change of ownership since you moved in? When did it occur? _____
- Does this situation affect other occupants in your unit? Please explain: _____

- Please state your complaint clearly. _____

- What do you consider a fair and reasonable outcome to this mediation? _____

- History of last 3 rent increases. **PLEASE ATTACH A COPY OF YOUR LATEST RENT INCREASE NOTICE**

Date of Increase:	Rent increase:	
_____	from \$ _____	to \$ _____
_____	from \$ _____	to \$ _____
_____	from \$ _____	to \$ _____

OPTIONAL: FOR STATISTICAL PURPOSES ONLY	Are there elderly persons in the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there disabled persons in the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are there minor children under 18 years in the household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I declare the facts contained herein are true and accurate to the best of my knowledge. I also understand that upon receipt of the Request for Mediation form, the Housing Division office will contact the owner(s) of my rental unit regarding this complaint.

Signature _____ Date _____

Mail to: City of Culver City
Landlord-Tenant Mediation Board
Culver City Housing Authority
9770 Culver Boulevard
Culver City, CA 90232-0507

The information provided in this Request for Mediation form is confidential and not subject to general public disclosure; however, disclosure of certain information will be provided to the case mediator and property owner to the extent necessary for the conduct of the mediation process.