



TENANT REQUEST FOR MEDIATION

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9500

Property Address:	Case No. (Office Use Only)
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TENANT INFORMATION (Please Print)	OWNER/LANDLORD/MANAGER INFORMATION
Name	Name
Address	Mailing Address
Unit/Apt. No./Zip Code	City, State, Zip Code
Phone:	Phone:
Email:	Email:

Instructions: Please fill out requested information as thoroughly as possible. If you have written evidence to support your claim, please reproduce and attach the copy to this form. DO NOT SUBMIT ORIGINALS. Documents may include: Rent Receipts, Lease Agreements, Applications, Correspondence, Repair Bills for Damages, Rent Increase Notices, etc.

1. Is the proposed rent increase greater than 5%? ☐ Yes ☐ No

A. If yes, please provide the percentage: _____% (e.g. 7%, 12%)

B. For Mobile Home Homeowners: Is the rent increase equal to or greater than one-half of the percentage increase in the Consumer Price Index (CPI) since the effective date of the current rent? ☐ Yes ☐ No

If yes, please provide the effective date of current rent: _____; the percentage increase: _____%; and the CPI percentage increase: _____.

2. Do you have a tenancy agreement? ☐ Yes ☐ No

A. Is it ☐ Written or ☐ Verbal?

B. Do you have a lease? ☐ Yes ☐ No

C. Date Lease Began: _____ What is the Term of your Lease? _____

3. Current Rent: \$_____ Proposed Rent: \$_____

A. Number of bedroom(s): _____ Number of bathroom(s): _____

4. Please state your complaint clearly and concisely in your own words. Give dates of the transactions and rental agreement(s) and explain efforts you have made to resolve the issue. (If additional space is needed, you may attach a separate sheet with any added details). PLEASE GIVE A DETAILED AND COMPLETE HISTORY of rent increases since date of occupancy in this unit to the present time, and attach verification.

Case No. _____

DATE OF OCCURRENCE	COMPLAINT/OBSERVATIONS

I declare the facts contained herein are true and accurate to the best of my knowledge. I also understand that no action of any kind can be taken by the Mediation Board until this request for mediation is completed and returned to the Board.

TENANT(S)		
PRINT NAME(S)	SIGNATURE(S)	DATE
1.		
2.		

TENANT SPOKESPERSON AUTHORIZATION

As a TENANT in the above referenced case, I realize that my case may be consolidated, pursuant to Gardena Municipal Code Sec. 14.04.110, and further represent that the agent named below is fully authorized to represent my interests and enter a Binding Settlement of the issues being mediated.

Spokesperson/Agent: _____

AUTHORIZED SIGNATURE(S)		
PRINT NAME(S)	SIGNATURE(S)	DATE
1.		
2.		
3.		

Please be advised that the hearing for this case will be closed to the public. Therefore, only the individuals who are listed as spokesperson or agent will be permitted to speak during the mediation process. Nevertheless, if there are any breaks or recess during the hearing, the tenants being represented may be able to ask questions or voice concerns to their appointed representative. Furthermore, pursuant to Gardena Municipal Code Section 14.04.120, no attorney shall partake in any mediation hearing unless they are the owner, manager or tenant of the dwelling unit that is involved in the mediation.

For your convenience, you may drop-off, mail, fax or email your response:

Gardena Rent Mediation Board
 Gardena City Hall, Room 112
 1700 W. 162nd Street, Gardena, CA 90247
 310-217-9503 Fax: 310-217-9694

RentMediation@CityofGardena.org