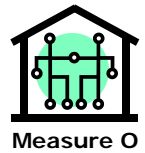




**CITY OF SANTA CRUZ
MEASURE O
AFFORDABLE HOUSING PROGRAM**



NOTICE OF MEASURE O UNIT AVAILABLE FOR RENT

Date: _____

City of Santa Cruz
Housing and Community Development
Economic Development
337 Locust St.
Santa Cruz, CA 95060

In accordance with Resolution No. NS-15,752 this letter is to notify the City that the undersigned intends to rent the inclusionary unit identified below:

Name of Owner or Owner's Agent:	
Mailing Address:	
Phone: Fax: Email:	
Unit Address:	
Assessor's Parcel Number:	
Type of Unit:	<input type="checkbox"/> bed only <input type="checkbox"/> studio <input type="checkbox"/> SRO <input type="checkbox"/> SRO w/ kitchen and bath <input type="checkbox"/> 1-bedroom <input type="checkbox"/> 2-bedroom <input type="checkbox"/> 3-bedroom <input type="checkbox"/> 4-bedroom

Signature of Owner or Owner's Agent