



City and County of San Francisco
San Francisco Public Works · Bureau of Surveying and Mapping
Office of the City and County Surveyor
49 South Van Ness, 9th Floor · San Francisco, CA 94103
Tel 628-271-2000
Subdivision.Mapping@sfdpw.org



REQUEST FOR REFUND

EXPEDITED CONVERSION PROGRAM – LIFE TIME LEASE

Please complete ONE Request for Refund per property. Only ONE refund check will be issued per project.
Complete the necessary information below for DPW to issue a refund.

Date: _____

Project ID Number: _____

Assessor's Block / Lot Number: _____

Property Address: _____

No. of Units in Property: _____

Number of Unit(s) Offered Life-Time Lease: _____

Property owner's names (Please print):

Property owner's signatures:

Make refund check payable to (Please print clearly):

Name: _____

Address: _____ **City:** _____

City: _____ Zip: _____

Phone: _____ **Email:** _____

Original Check No. **Date on Check**

Recommended By: Approved By:

Date on Check

Recommended By: **Approved By:**

Date:

Office Manager

Section Manager

Amount: _____

Office Manager _____ **Section Manager** _____ **Amount:** _____

REFUND – LIFE TIME LEASE
EXPEDITED CONVERSION PROGRAM

Compliance with Section 1396.4(h) of the San Francisco Subdivision Code

Required for ALL owners of record

Project ID Number: _____

Assessor's Block / Lot Number: _____

Property Address: _____

No. of Units in Property: _____

Number of Unit(s) Offered Life-Time Lease: _____

I, _____, hereby certify under penalty of perjury that the following is true
(Print Full Name)
and correct to the best of my knowledge:

In recognition of the rental requirements of Section 1396.4(g), the fee for each unit in which a non-purchasing tenant resides at the time specified in Section 1396.4(g) who is offered a life time lease and is unrelated by blood, marriage, or domestic partnership to any owner of the building, shall be refunded to the subdivide.

I understand that I am affirming under penalty of perjury to the truthfulness of the claims made in this request for refund and that the punishment for knowingly making a false statement may include denial of the condominium conversion subdivision, fines, and/or imprisonment.

Date: _____

Signature _____
.....

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, Notary Public,
Date _____ Name of Officer

personally appeared _____, Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)