



# Notice of Property Noncompliance Filed in Error Substandard Rental Housing

## Regulatory Agency Information

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Noncompliance: \_\_\_\_\_

We issued the *Notice of Property Noncompliance* to you in error, according to California Revenue and Taxation Code (R&TC) Sections 17274 or 24436.5. This notice cancels the erroneous notice you received regarding the property listed below.

I, \_\_\_\_\_, certify that the *Notice of Property Noncompliance*, recorded on \_\_\_\_\_, \_\_\_\_\_  
Name and Title Date  
 in the office of the County Recorder of the County of \_\_\_\_\_, was issued in error and is canceled.

Document number \_\_\_\_\_  
 \_\_\_\_\_  
Signature

## Property Owners (Attach additional list if necessary.)

1. Name of Owners: \_\_\_\_\_  SSN or  CDL:

Mailing Address: \_\_\_\_\_

2. Name of Owners: \_\_\_\_\_  SSN or  CDL:

Mailing Address: \_\_\_\_\_

3. Name of Owners: \_\_\_\_\_  SSN or  CDL:

Mailing Address: \_\_\_\_\_

## Rental Housing Property

Street Address: _____	Parcel: _____	Lot: _____	Block Number: _____
Mailing Address: (enter only if different from the street address) _____	Description: (e.g., condominium, duplex, apartment building, house, etc.) _____		

## Authorization

Name of Regulatory Agency Contact \_\_\_\_\_

Signature of Authorized Representative of Regulatory Agency

**X**

Date of Signature \_\_\_\_\_

Mail or fax duplicate copies to the Franchise Tax Board, county recorder, and property owner.

## Instructions to Complete *Notice of Property Noncompliance Filed in Error*

Follow the instructions below to complete this notice if you issued the *Notice of Property Noncompliance* in error. Do **not** complete this form if you did not notify the Franchise Tax Board of noncompliance.

### Regulatory Agency Information

- **Agency:** Enter the full name of your agency.
- **Address:** Enter the complete mailing address, including ZIP Code.
- **Contact Person:** Enter the name of person to contact for additional information.
- **Telephone Number:** Enter the area code and telephone number of contact person.
- **Date of Cancellation:** Enter the date your agency determined the *Notice of Property Noncompliance* was issued in error.

### Property Owners

- **Names of Owners:** Enter the name of the individuals, previously notified of noncompliance and now notified of compliance reinstatement. It is important to mail each owner a *Notice of Property Noncompliance Filed in Error*. It is not necessary to type a separate form for each individual; instead, mail a completed and signed copy of the *Notice of Property Noncompliance Filed in Error* to each individual.
- **Mailing Address:** Enter the last known address for the owners listed.
- **Social Security Number (SSN) or California Driver License Number (CDL):** Enter the SSN or CDL. The Franchise Tax Board cannot take any action, according to R&TC Sections 17274 and 24436.5, without these numbers.

### Rental Housing Property

- **Street Address:** Enter the street address of the property in cancellation.
- **Parcel - Lot - Block Number:** Enter numbers officially assigned to the plot of land.
- **Mailing Address:** If different from the property street address, enter the last known mailing address of the property owner, including ZIP Code.
- **Description:** Enter a brief physical description of the property (e.g., condominium, duplex, apartment building, house, etc.).

### Authorization

The representative should be familiar with the building codes and R&TC Sections 17274 and 24436.5.

- **Signature of Authorized Representative of Regulatory Agency:** Signature required.
- **Name of Regulatory Agency Contact:** Enter contact name.
- **Date of Signature:** Enter date notice signed.

Mail the original *Notice of Property Noncompliance Filed in Error* to the property owners you listed on SIDE 1. Retain a copy for your agency's files and mail or fax a copy to:

Mail: STATE OF CALIFORNIA  
SUBSTANDARD HOUSING UNIT MS F340  
FRANCHISE TAX BOARD  
PO BOX 1673  
SACRAMENTO CA 95812-1673

Fax: 916.843.2306

For privacy information, refer to [FTB 1131](#), *Franchise Tax Board Privacy Notice*.

Privacy information for third parties, refer to [FTB 1131J](#), *Privacy Notice - Third Party Contacts*.

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### Connect With Us

<b>Web:</b> <a href="http://ftb.ca.gov">ftb.ca.gov</a>	<b>Phone:</b> 916.845.5296   8 a.m. to 5:30 p.m. weekdays, except state holidays 916.845.6500   from outside the United States
	<b>TTY/TDD:</b> 800.822.6268   for persons with hearing or speech impairments