



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

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: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> CDL:
Mailing Address: _____	
2. Name of Owners: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> CDL:
Mailing Address: _____	
3. Name of Owners: _____	<input type="checkbox"/> SSN or <input type="checkbox"/> 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

▶ _____
Signature of Authorized Representative of Regulatory Agency Name of Regulatory Agency Contact 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 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:

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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*.

Contact Us

Telephone: 916.845.5296
Fax: 916.843.2467