***SAMPLE***

**Annual Resident’s Statement of Receipt of Disclosure Information**

 Date: \_\_\_\_\_\_\_\_\_\_\_

Resident Name & Address

XXX Main Street

San Francisco, CA 94XXX

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(resident name), received the Resident’s Disclosure Information from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (building owner/representative) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Tenant signature)

**This form shall be returned to building owner or representative at the address below within 20 business days, by \_\_\_\_\_\_\_\_\_\_\_ (date).**

Owner/Representative Name & Mailing Address

XXX Main Street

San Francisco, CA 94XXX

**Building owner shall retain copies of all Resident’s Statements for at least two years per**

**San Francisco Fire Code, Section 409.2(c)**