



City of Palm Springs

Department of Special Program Compliance

425 North Civic Drive • Palm Springs, California 92262
Tel: 760.322-8382 • Fax: 760.322.8317 • TDD 760.864.9527 • www.palmspringsca.gov

CO-OWNED HOUSING UNIT PROPERTY MANAGEMENT REQUEST TO CLOSE / OWNER ACKNOWLEDGEMENT

Please email, fax or mail completed form to: co-ownedhousing@palmspringsca.gov or fax #760-322-8317 or PO Box 2743, Palm Springs, CA 92263-2743.

CO-OWNED HOUSING UNIT PROPERTY MANAGEMENT NAME:

PERMIT # _____

Name of Owner: _____

Email: _____ Phone: _____

Co-Owned Housing Unit Address: _____

Date Property Sold / Effective Date of Closure: _____

Reason for Sale / Any Additional Information:

Property Management Representative Signature: _____

Date: _____

Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Request Form Received: _____ Received By: _____

Notes: _____