2022 Return Reply Form

KAISER FOUNDATION HOSPITALS

TRA: 7-014

IMPORTANT: Please complete this form and mail back to the Weed Abatement Program within 15 days of receipt of this notice. Thank you.



KAISER FOUNDATION HOSPITALS 1 KAISER PLAZA 15TH FL OAKLAND CA 94612

	S			applies	neck the t for each lanations	parcel	
Parcel Number	Site Addre			A	В	С	
316-09-045	3800 HOMEST ∠A SAP	A LARA					
A I am no longer the	e owner of this property, and the	e ev wn info	ation is listed below.	Please re	turn Reply	Form imm	ediately.
end of the fire se ascertain complia	in this parcel in a manner consi eason (typically runs through ince. Non-compliance by the de e resulting charges added to the	october). P p	the abatement ispection fee or to	list remai	n subject t	o inspection	n to
	County contractor perform wee ill. (All County fees apply)	d abatement work	on this parcel. Charge	s for this	work will t	e added to	
property is fenced/loc identified by this mail responsibility to notify	dditional information such as net ked, please provide instructionating, please notify the County im the new owner and to include to will be liable for all hazard aba	s on how to enter the imediately. If you se the obligation to pa	ne property. If you are ell your property after y any abatement cost	no longe Decembe s in your	r the owner or 1st, 202 agreemen	er of the pro 1, it is your	perty
Please check	if you feel this parcel is environ	mentaly sensitive.					
				()		
Signature	Name (ple	ase print)	Date		Day time	phone	