

BRIAN SANDOVAL  
Governor

STATE OF NEVADA



TERRY JOHNSON  
Director

JIM DEPROSSE  
Administrator

Department of Business & Industry  
MANUFACTURED HOUSING DIVISION

MANAGER CHANGE REQUEST FORM

Park name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRINT OR TYPE CLEARLY**

Add Manager

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Deleted Manager: \_\_\_\_\_ Resignation Date: \_\_\_\_\_

Add Assistant Manager

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Deleted Assistant Manager: \_\_\_\_\_ Resignation Date: \_\_\_\_\_

Park Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Park Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature Required*

Print Name and Title: \_\_\_\_\_

- 1535 Old Hot Springs Rd., Ste. 60, Carson City, Nevada 89706 (775) 687-2060 Fax: (775) 687-5521
- 2501 E. Sahara Ave., Ste. 204, Las Vegas, Nevada 89104 (702) 486-4135 Fax: (775) 486-4309
- 540 Court St., Elko, Nevada 89801 (775) 738-6601 Fax: (775) 738-6612