

BRIAN SANDOVAL
Governor

STATE OF NEVADA



TERRY JOHNSON
Director

JIM DEPROSSE
Administrator

Department of Business & Industry
MANUFACTURED HOUSING DIVISION

PARK OWNERSHIP AND REGISTRATION
PLEASE PRINT LEGIBLY OR TYPE THIS FORM

PARK NAME _____

PARK'S PHYSICAL ADDRESS _____

CITY COUNTY STATE ZIP
PARK MAILING ADDRESS _____
IF DIFFERENT THAN THE PHYSICAL PARK ADDRESS

CITY COUNTY STATE ZIP

PARK PHONE (____)_____ PARK FAX: (____)_____ PARK EMAIL: _____

PARK OWNER(S) NAME _____

OWNER'S ADDRESS _____

CITY STATE ZIP
OWNER PHONE (____)_____ OWNER FAX (____)_____
OWNER'S EMAIL ADDRESS: _____
OWNER'S TAX I.D. NUMBER (Federal or Social Security) _____

PARK MANAGER _____

ADDRESS _____
CITY STATE ZIP PHONE (____)_____ FAX (____)_____

ASSISTANT MANAGER _____

ADDRESS _____
CITY STATE ZIP PHONE (____)_____ FAX (____)_____

PARK MANAGER OR ASST. MANAGER EMAIL: _____

TYPE OF PARK	FAMILY _____	55+ _____	62+ _____	
NUMBER OF SPACES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
OCCUPIED SPACES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
PARK OWNED HOMES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
SPACE RENT AMOUNT:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____

Signature: OWNER _____

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