



STATE OF NEVADA  
 DEPARTMENT OF BUSINESS AND INDUSTRY  
 MANUFACTURED HOUSING DIVISION  
 1830 E. College Pkwy, Suite #120, Carson City, NV 89706  
 Phone 775-684-2940; Fax 775-684-2949  
 mhd.nv.gov

**MANAGER CHANGE REQUEST FORM**

**DO NOT FAX OR EMAIL THIS FORM-RETURN THE ORIGINAL TO THE ADDRESS ABOVE**

Park name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Add Manager**

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

**Add Assistant Manager**

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Park Owner's Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Park Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Owner or Agent authorized by Power of Attorney Required - Power of Attorney copy must be provided  
 Print Name and Title: \_\_\_\_\_