



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

PARK OWNERSHIP AND REGISTRATION

PLEASE PRINT LEGIBLY OR TYPE THIS FORM – ORIGINAL SIGNED FORM MUST BE RETURNED
DO NOT FAX OR EMAIL THIS FORM.

Is this a New or Pre-existing park? _____ New _____ Pre-existing
 Has there been a recent Name Change to the Park? _____ Yes _____ No
 Previous Park Name _____
 Current Park Name _____

Effective Date of change: _____

PARK NAME _____
PARK PHYSICAL ADDRESS _____
 CITY COUNTY STATE ZIP
PARK MAILING ADDRESS _____
 CITY COUNTY STATE ZIP
 PARK PHONE (____) _____ PARK FAX: (____) _____
 PARK EMAIL _____

PARK OWNER(S) NAME _____
 (Name under which legal ownership is held)
OWNER'S ADDRESS _____
 CITY STATE ZIP
 OWNER PHONE (____) _____ CELL PHONE (____) _____ FAX (____) _____
 OWNER'S EMAIL ADDRESS: _____
 OWNER'S TAX I.D. NUMBER _____
STATE OF NEVADA BUSINESS LICENSE # _____

PARK MANAGER _____ **Effective Date** _____
ADDRESS _____
 CITY STATE ZIP PHONE (____) _____ FAX (____) _____
 EMAIL _____

ASSISTANT MANAGER _____ **Effective Date** _____
ADDRESS _____
 CITY STATE ZIP PHONE (____) _____ FAX (____) _____
 EMAIL _____

TYPE OF PARK: () FAMILY () 55+ () 62+

NUMBER OF SPACES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
NUMBER OF OCCUPIED SPACES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
NUMBER OF PARK OWNED HOMES:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____
SPACE RENT AMOUNT:	SINGLE _____	DOUBLE _____	TRIPLE _____	SPECIAL _____

Signature: OWNER (The owner must sign this form unless authorized agent by Power of Attorney with copy provided)

Print Name and Title: _____