



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

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 _____

(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 (Federal ID 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 _____

Date: _____

Signature: PARK OWNER

Print Name and Title: _____