REQUEST FOR ASSISTANCE
--Mobilehome Park Complaint--

STATE OF CALIFORNIA
Business, Transportation and Housing Agency
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

OFFICE OF THE MOBILEHOME OMBUDSMAN

P. 0. Box 31 Sacramento, CA 95812-0031
Toll Free 1-800-952-5275 or Local (916) 323-9801
From TDD Phones: 1-800- 735-2929 From Voice Phones: 1-800- 735-2922
HCD Web Site: www.hcd.ca.gov

For Official Use Only

Code: _____

SECTION 1 - GENERAL INFORMATION

NAME: _____ Date: _____
Last First M. I.

MAILING ADDRESS: _____
P. 0. Box or Number and Street City County State Zip

PHYSICAL LOCATION OF HOME: _____
(If different from your mailing address) Number and Street City State Zip

TELEPHONE NUMBERS: Home: (___) _____ Work: (___) _____

MOBILEHOME PARK NAME: _____

PARK MANAGER/OWNER'S NAME: _____ TELEPHONE: (___) _____

MOBILEHOME PARK ADDRESS: _____
(If different from your mailing address) Number and Street City County Zip

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SECTION 2 - BRIEF DESCRIPTION OF THE COMPLAINT (S) AS IT/THEY RELATE (S) TO ***PARK OPERATION*** *or* ***MAINTENANCE, ALTERATIONS, ACCESSORY STRUCTURES*** or ***THE MOBILEHOME RESIDENCY LA W.*** (Please attach copies of documents, letters, pictures, etc. that demonstrates the nature of the Mobilehome Park complaint (s).

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Continued On Reverse Side

SECTION 2 (Continued)

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Attach Additional Sheets If Necessary

SECTION 3 - CERTIFICATION AND SIGNATURE

I certify that the information given in this request, and any attachments hereto, is true and correct to the best of my knowledge and that I will testify to these facts, if requested to do so, in any action brought by the Department of Housing and Community Development (Department) against any mobilehome park owner or operator or any person or persons found by this Department to be in violation of either laws or regulations during any investigation resulting from this request for assistance.

I understand that copies of this request may be given to other agencies responsible for resolution of the complaint(s) identified herein and that copies may be given to the mobilehome park owner or operator.

SIGNATURE:_____ DATE: _____

SIGNED IN THE CITY OF_____ COUNTY_____ STATE _____

ANONYMITY REQUEST:

I request that this Department, in its investigations, not reveal my name or identity to my mobilehome park owner or operator. I understand that compliance with this request may severely limit this Departments ability to investigate my problem.

SIGNATURE:_____ DATE: _____