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. O. 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

SECTION 1 - GENERAL INFORMATION

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

MAILING ADDRESS: ________________________________________________
                        P. O. Box or Number and Street   City   County   State   Zip

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

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

MOBILEHOME PARK NAME: _______________________________________

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

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

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 LAW. (Please attach copies of documents, letters, pictures, etc. that demonstrates the nature of the Mobilehome Park complaint (s).

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HCD-OL-419 (Revised 12-01)

Continued On Reverse Side
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: ____________________________