REQUEST FOR ASSISTANCE—Mobilehome Parks

HCD MAC 419 (Rev. 08/20)

Complete sections 1, 2, and 3 and submit the completed form to the address listed above. If you have any questions, contact the Department of Housing and Community Development at (800) 952-8356. Submit the completed form to HCD—Mobilehome Assistance Center, PO Box 278690, Sacramento, CA 95727.

SECTION 1: GENERAL INFORMATION

NAME: ________________________________  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  County  Zip

TELEPHONE NUMBER(S): ____________________________

PARK NAME: ____________________________

PARK MANAGER/OWNER NAME: ____________________________  TELEPHONE: ____________________________

PARK ADDRESS: ____________________________  Number and Street  City  County  Zip

(SECTION 2: BRIEF DESCRIPTION OF THE COMPLAINT(S) as it relates to PARK OPERATION or MAINTENANCE, ALTERATIONS, ACCESSORY STRUCTURES, or the MOBILEHOME RESIDENCY LAW.

Attach copies of documents, letters, pictures, etc. that demonstrate the nature of the complaint(s).

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Continued on reverse side.

Department Use Only:
SECTION 2 (Continued):

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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. 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 the Department to be in violation of either laws or regulations.

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 Department’s ability to investigate my problem.

SIGNATURE: ___________________________ DATE: ________________