## Department of Housing and Community Development Division of Codes and Standards Mobilehome Assistance Center



## 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: \_\_\_\_\_ First MAILING ADDRESS: P.O. Box or Number and Street Citv County State Zip PHYSICAL LOCATION OF HOME: (if different from your mailing address) Number and Street City County TELEPHONE NUMBER(S): PARK NAME: PARK MANAGER/OWNER NAME: \_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_ PARK ADDRESS: (if different from your mailing 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).

Continued on reverse side.

Department Use Only:

SECTION 2 (Continued):		
Attach add	litional sheets if necess	ary.
SECTION 3: CERTIFICATION AND	SIGNATURE	
I certify that the information given in this red best of my knowledge. I will testify to these Department of Housing and Community De or operator or any person or persons found regulations.	facts, if requested to do so, velopment (Department) ag	in any action brought by the ainst any mobilehome park owner
I understand that copies of this request may complaint(s) identified herein and that copie		
SIGNATURE:		DATE:
SIGNED IN THE CITY OF:	COUNTY:	STATE:
ANONYMITY REQUEST:		
I request that this Department, in its investig owner or operator. I understand that compliability to investigate my problem.		