## **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 278690, Sacramento, CA 95827
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:

NAME:			Date:	
Last	First	M. I.		
MAILING ADDRESS:				
P. U. 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:				
		·	NE·( )	
PARK MANAGER/OWNER'S NAME: _			//\/	
MOBILEHOME PARK ADDRESS:(If different from your mailing address)  SECTION 2 - BRIEF DESCRIPTIO	Number and Street	City ) AS IT/THEY RELATE (S) To	County  O PARK OPERATION	Zip
	Number and Street  ON OF THE COMPLAINT (STATE MOBILE HOUSE or THE MOBILE HOUSE of the Mobilehome Park con	City  ) AS IT/THEY RELATE (S) TO COME RESIDENCY LA W. (Proplaint (s).	County  O PARK OPERATION  Decrease attach copies	Zip ON or MA
MOBILEHOME PARK ADDRESS: If different from your mailing address)  BECTION 2 - BRIEF DESCRIPTION ALTERATIONS, ACCESSORY STRU Dictures, etc. that demonstrates the nation	Number and Street  ON OF THE COMPLAINT (STATE MOBILE HOUSE or THE MOBILE HOUSE of the Mobilehome Park con	City  ) AS IT/THEY RELATE (S) TO COME RESIDENCY LA W. (Proplaint (s).	County  O PARK OPERATION  Decrease attach copies	Zip ON or MA
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	Attach Additional Sheets If	Necessary
SECTION 3 - CERTIFICATION AND SIG	NATURE	
hat I will testify to these facts, if reque	ested to do so, in any action bro nobilehome park owner or operator	to, is true and correct to the best of my knowledge ught by the Department of Housing and Commur or any person or persons found by this Department from this request for assistance.
understand that copies of this request interest and that copies may be given to the		esponsible for resolution of the complaint(s) identiator.
NONATURE		
BIGNATURE:		DATE:
IGNED IN THE CITY OF	COUNTY	STATE
NONYMITY REQUEST:		
request that this Department, in its invest nderstand that compliance with this requ	igations, not reveal my name or id est may severely limit this Departn	lentity to my mobilehome park owner or operator. I nents ability to investigate my problem.
IGNATURE:		DATE: