



DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA HOUSING DIVISION
MANUFACTURED HOUSING

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Website: www.housing.nv.gov



PARK OWNERSHIP AND REGISTRATION

PLEASE PRINT LEGIBLY OR TYPE THIS FORM AND SEND VIA FAX OR EMAIL

IS THIS A NEW OR PRE-EXISTING PARK? NEW PRE-EXISTING
HAS THERE BEEN A RECENT NAME CHANGE TO THE PARK? YES NO

PREVIOUS PARK NAME:

CURRENT PARK NAME:

PARK NUMBER (REQUIRED):

EFFECTIVE DATE OF CHANGE:

PARK NAME:

PARK PHYSICAL ADDRESS:

CITY COUNTY STATE ZIP

PARK MAILING ADDRESS:

CITY COUNTY STATE ZIP

PARK PHONE: PARK FAX:

PARK EMAIL (required):

PARK OWNER(S) NAME:

(Name under which legal ownership is held)

OWNER'S ADDRESS:

CITY STATE ZIP

OWNER PHONE: CELL PHONE: FAX:

OWNER'S EMAIL ADDRESS:

OWNER'S TAX I.D. NUMBER:

STATE OF NEVADA BUSINESS LICENSE #: STATE OF NEVADA VENDOR #:

PARK MANAGER: EFFECTIVE DATE:

ADDRESS:

CITY: STATE: ZIP: PHONE: FAX:

EMAIL:

ASSISTANT MANAGER: EFFECTIVE DATE:

ADDRESS:

CITY: STATE: ZIP: PHONE: FAX:

EMAIL:

TYPE OF PARK: () FAMILY () 55+ () 62+

NUMBER OF SPACES: SINGLE DOUBLE TRIPLE SPECIAL

NUMBER OF OCCUPIED SPACES: SINGLE DOUBLE TRIPLE SPECIAL

NUMBER OF PARK OWNED HOMES: SINGLE DOUBLE TRIPLE SPECIAL

SPACE RENT AMOUNT: SINGLE DOUBLE TRIPLE SPECIAL

Signature: OWNER (The owner must sign this form unless authorized agent by Power of Attorney with copy provided)

Print Name and Title:

Date: