

# **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			М. І.
MAILING ADDRESS:				
P.O. Box or Number and Street	City	County	State	Zip
PHYSICAL LOCATION OF HOME:	0:4			7:
(if different from your mailing address) Number and Street	City	C	ounty	Zip
TELEPHONE NUMBER(S):				
PARK NAME:				
PARK MANAGER/OWNER NAME:	TELEPHONE:			
PARK ADDRESS:				
(if different from your mailing address) Number and Street	Cit	/ C	ounty	Zip

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

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

Continued on reverse side.

Department Use Only:


#### Attach additional sheets if necessary.

## 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	