



DEPARTMENT OF BUSINESS AND INDUSTRY  
**NEVADA HOUSING DIVISION**  
**MANUFACTURED HOUSING**

1830 E. College Pkwy, #120, Carson City, NV 89706; Ph. 775-684-2940; Fax 775-684-2949  
 3300 W. Sahara Ave, #320, Las Vegas, NV 89102; Ph. 702-486-4135; Fax 702-486-4309  
 Website: housing.nv.gov



**MANAGER CHANGE REQUEST FORM**

**DO NOT FAX OR EMAIL THIS FORM-RETURN THE ORIGINAL TO THE ADDRESS ABOVE**

Park name: \_\_\_\_\_ Park number (required): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Other/Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (required): \_\_\_\_\_

**Add Manager**

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Deleted Manager: \_\_\_\_\_ Resignation Date: \_\_\_\_\_**

**Add Assistant Manager**

Name: \_\_\_\_\_ Date Hired: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Deleted Assistant Manager: \_\_\_\_\_ Resignation Date: \_\_\_\_\_**

Park Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Park Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner or Agent authorized by Power of Attorney Required - Power of Attorney copy must be provided

Print Name and Title: \_\_\_\_\_