



DEPARTMENT OF BUSINESS AND INDUSTRY
NEVADA HOUSING DIVISION
MANUFACTURED HOUSING



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3300 W. Sahara Ave, #320, Las Vegas, NV 89102; Ph. 702-486-4135; Fax 702-486-4309

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 BANK ACCOUNT: ROUTING NUMBER:

OWNER'S CREDIT CARD NUMBER: EXPIRATION: CCV:

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:

