

# 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 31 Sacramento, CA 95812-0031  
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](http://www.hcd.ca.gov)

For Official Use Only
Code: _____

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### SECTION 1 - GENERAL INFORMATION

NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M. I.

MAILING ADDRESS: \_\_\_\_\_  
P. O. 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: \_\_\_\_\_

PARK MANAGER/OWNER'S NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

MOBILEHOME PARK ADDRESS: \_\_\_\_\_  
(If different from your mailing address) Number and Street City County Zip

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### SECTION 2 - BRIEF DESCRIPTION OF THE COMPLAINT (S) AS IT/THEY RELATE (S) TO **PARK OPERATION** or **MAINTENANCE, ALTERATIONS, ACCESSORY STRUCTURES** or **THE MOBILEHOME RESIDENCY LA W.** (Please attach copies of documents, letters, pictures, etc. that demonstrates the nature of the Mobilehome Park complaint (s).

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