



**PLEASE FILL IN ALL OF THE BLANKS**  
**MOBILEHOME PARK RECORDS UPDATE**

Name of Park: \_\_\_\_\_

Address of Park: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

*(Park Manager Information – On-Site Manager and/or Management Company Information)*

Park Manager: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Space #: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Park Phone: \_\_\_\_\_ *(On-Site Manager and/or Management Company)*

**California Health and Safety Code §18603: Attendant Required**

**18603. (a) In every park, there shall be a person available who shall be responsible for, and who shall reasonably respond in a timely manner to emergencies concerning, the operation and maintenance of the park.**

**In every park with 50 or more units, that person or his or her designee shall reside in the park and shall have knowledge of emergency procedures relative to utility systems and common facilities under the ownership and control of the owner of the park.**

*(Change of Owner Requires an Application for Amended Permit to Operate Form – Available from this Office)*

Park Owner: \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip Code

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Date Form Completed:** \_\_\_\_\_ **Completed By:** \_\_\_\_\_