

**ENVIRONMENTAL SERVICES  
DEPARTMENT**

Darcy Kober, R.S., Director  
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Phoenix, AZ 85008



**WATER AND WASTE MANAGEMENT  
DIVISION**

Kevin S. Chadwick, PE, Division Manager  
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**NEW OWNER/NEW PERMIT APPLICATION FOR  
A MOBILE HOME PARK**

FACILITY INFORMATION

1. Facility Name: \_\_\_\_\_
2. Park Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Facility Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_
5. Number of Spaces: \_\_\_\_\_ Water Type:  Public  Individual (Well) Sewer Type:  Public  ISDS (Septic)

NEW OWNER'S INFORMATION

6. OWNERS Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
8. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
9. Email Address: \_\_\_\_\_
10. Owner Signature: \_\_\_\_\_

BILLING INFORMATION

12. CONTACT Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
13. Management Company/Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
14. Address: \_\_\_\_\_ FAX #: \_\_\_\_\_
15. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
16. Email Address: \_\_\_\_\_

Pursuant to A.R.S. § 41-1009, the Department may enter your establishment to conduct inspections. You have the right to receive a copy of the Department's inspection report at the time of the inspection, within thirty (30) days after the inspection, or as otherwise provided by federal law. By initialing below, I agree that the Department may send me a copy of its inspection report by e-mail to the following email address:

\_\_\_\_\_ or by facsimile transmission to the following fax number:  
\_\_\_\_\_ (fax number). \_\_\_\_\_ (initials). It is the responsibility of the permit holder to update the Department if there is a change in contact information.

*Fax application to 602-506-6925 or email to WWM\_SWP@mail.maricopa.gov*