



**CITY OF ARCATA**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
**HOUSING DIVISION**

736 F Street, Arcata, CA 95521  
Phone: (707) 822-5955

**Mobilehome Rent Stabilization**  
**Annual Registration Form**

**Mobilehome Park Information**

Park name: \_\_\_\_\_ No. of spaces (not including RV): \_\_\_\_\_

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

Manager name: \_\_\_\_\_ Manager phone: \_\_\_\_\_

Manager address: \_\_\_\_\_

Manager email: \_\_\_\_\_

**Ownership Information** – Complete information for each owner (person or entity)

Owner name: \_\_\_\_\_ Ownership interest: \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner phone: \_\_\_\_\_ Owner email: \_\_\_\_\_

Owner name: \_\_\_\_\_ Ownership interest: \_\_\_\_\_

Owner address: \_\_\_\_\_

Owner phone: \_\_\_\_\_ Owner email: \_\_\_\_\_

Attach additional sheets if necessary

Please provide the name and address to which all required notices and correspondence may be sent. **Please check how you would prefer to get mail:**  **Email**  **USPS mail**

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

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

**Administrative Fee Calculation**

1. Total number of mobilehome and RV spaces in park: \_\_\_\_\_
2. Total short-term RV spaces in park (not residing longer than 9 months): \_\_\_\_\_
3. Total spaces with long-term leases (12 months or more): \_\_\_\_\_
4. Total spaces with mobilehome's owned by park owner: \_\_\_\_\_
5. **Total number of spaces to be billed for administrative fee:** \_\_\_\_\_



Rent Schedule Form (attached)

Certification of Registration Statement

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.

By: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name Here: \_\_\_\_\_

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ **(Seal)**