

**ENVIRONMENTAL SERVICES
DEPARTMENT**

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**WATER AND WASTE MANAGEMENT
DIVISION**

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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@Maricopa.gov