

KATIE HOBBS
Governor



JOAN SERVISS
Director

**STATE OF ARIZONA
DEPARTMENT OF HOUSING
1110 WEST WASHINGTON, SUITE 280
PHOENIX, ARIZONA 85007**

**(602) 771-1000 WWW.AZHOUSING.GOV
FAX: 602-771-1002**

LTA PETITION FOR HEARING & PROCEDURE

Attached is the Petition you requested. Please complete the form using black ink, and return the completed form with a check or money order for the non-refundable processing fee of fifty dollars (\$50) to the Department of Housing ("Department"). Should you prevail, the Administrative Law Judge's Order may require the opposing party to reimburse this fee. The Department does not charge any additional fees for this hearing. However, should this matter proceed through the appeal process to the Superior Court, the court may award attorney's fees to the prevailing party.

All notices, orders, and other communications from this Department regarding the case will be mailed to you ("Petitioner"), and it will be your responsibility to ensure that any other Petitioners listed on the form promptly receive notice of such communications.

Upon receipt of the form and payment of the \$50.00 processing fee, the Department will process your Petition by requesting a response from the Owner/Manager ("Landlord") of the Mobile Home Park. The Landlord has twenty (20) days to respond to the Department. The Department will contact you upon receipt of the response from the Landlord.

Please remit your Petition for a hearing to:

Attn: LTA Dept.
DEPARTMENT OF HOUSING
1110 W. Washington Street, Suite #280
Phoenix, AZ 85007
Ashley Solis Neri

**STATE OF ARIZONA
DEPARTMENT OF HOUSING**

PETITION FOR HEARING BY THE MOBILE HOME PARKS ADMINISTRATIVE LAW JUDGE

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY LTA CASE #
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This form must be completed and returned with a check in the amount of \$50 (non-refundable), and a copy of your rental agreement.

Return to: LTA DEPT.,
Department of Housing
1110 W. Washington Street, Suite #280
Phoenix, AZ 85007
Ashley Solis Neri

*****ALL INFORMATION HAS TO BE FILLED OUT- IT WILL NOT BE ACCEPTED IF
INCOMPLETE*****

PETITIONER'S INFORMATION

Name: _____ Daytime Phone: _____

Email Address: _____

Name of Mobile Home Park: _____

Address: _____

City	State	Zip Code
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Make of home: _____ Year: _____

Model: _____ Size: _____

PARK OWNER'S INFORMATION

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

City	State	Zip Code
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COMPANY RESPONSIBLE FOR THE MANAGEMENT OF THE PARK

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

_____ City State Zip Code

RESIDENT MANAGER OF THE PARK

Name: _____ Phone Number: _____

Email Address: _____

Address: _____

_____ City State Zip Code

LTA-COMPLAINT:

Describe the specific acts or conditions and specify the dates on which the acts took place or the conditions came into existence. Do not generalize. **For each act or condition, designate the section number of the Arizona Mobile Home Parks Residential Landlord Tenant Act, which you believe has been violated.** Petitions that do not designate the sections, which have been violated will not be considered and returned. **Petitioners may consolidate their actions only if the facts in issue are identical.**

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*****PRINT MORE PAGES AS NEEDED*****

I/we, the undersigned, request a hearing in regard to this complaint.

Please note that the Petitioner's name on the first page of this Petition will be designated as the contact person and will be the only Petitioner receiving correspondence or notices from this office.

PRINT NAME	ADDRESS	SPACE	SIGNATURE	DATE