

**DOUGLAS A. DUCEY**  
Governor



**MICHAEL TRAILOR**  
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 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 Ave., Suite #280  
Phoenix, AZ 85007  
[ioni.cage@azhousing.gov](mailto:ioni.cage@azhousing.gov)



*Name, address and phone number of the owner of the Park:*

---

---

*Name, address and phone number of the company responsible for management of the Park:*

---

---

*Name, address and phone number of the resident manager of the Park:*

---

---

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