

## Annual Report Filing Guide

### Applicable to Landlords of Mobile Home Parks

Pursuant to Nevada Revised Statutes (“NRS”) 704.960 each landlord of a Mobile Home Park (“MHP”) must file an annual report (“report”) with the Public Utilities Commission of Nevada (“Commission”). Landlord is defined in NRS 118B.014 as the owner or lessor of a manufactured home park. Nevada Administrative Code (“NAC”) 704.987 requires the report to be filed on or before on or before March 30<sup>th</sup> of the year following the calendar year for which the report is submitted. There is no grace period.

NAC 704.987 specifies the contents of the report. All MHPs must submit the report form attached for the preceding calendar year. You should retain copies for your files.

#### **NRS 703.193 requires that the report be submitted under oath.**

Please file the completed report along with the executed Oath by mailing or hand-delivering the completed forms, on single-sided pages, to either of the Commission’s Offices or electronically filing the forms in accordance with the Commission’s electronic filing requirements.

Commission’s Offices:

Public Utilities Commission of Nevada  
1150 East William Street  
Carson City, NV 89701-3109

Or

9075 W. Diablo Drive, Suite 250  
Las Vegas, NV 89148-7674

The Commission’s electronic filing requirements are available on the Commission’s website at <http://puc.nv.gov>.

Failure to submit the completed report as described above may subject you to an administrative fine of up to \$1,000 per day for each day of the violation pursuant to NRS 703.380, and/or other remedies available to the Commission.

If the mailing address or contact information for your MHP has changed since the last annual report, you must notify the Commission in writing of the change immediately. This is also required for any future changes.

**Please note that your report, once filed, will become a public record, unless you request portions of it to be treated as confidential. Please follow the Commission’s procedures which are located in NAC 703.5274.**

If you have any questions regarding your responsibilities with regard to filing your report, please contact the Financial Analysis Division of the Regulatory Operations Staff of the Commission in Carson City at (775) 684-6155.

# MOBILE HOME PARK ANNUAL REPORT

Original:

Corrected:

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

Calendar Year     2014

Docket Number    15-01004

for

Park Name: \_\_\_\_\_

d/b/a (if any): \_\_\_\_\_

Park Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Park Telephone: \_\_\_\_\_

Please file the completed report with the executed Oath by mailing or hand-delivering the completed forms, on single-sided pages, to either of the Commission's Offices or electronically filing the forms in accordance with the Commission's electronic filing requirements.

Commission's Offices:

Public Utilities Commission of Nevada  
1150 East William Street  
Carson City, NV 89701-3109

Or

9075 W. Diablo Drive, Suite 250  
Las Vegas, NV 89148-7674

The Commission's electronic filing requirements are available on the Commission's website at <http://puc.nv.gov>

**Section 1 – General Information**

**A) Legal name, address, telephone number, and e-mail address of mobile home park landlord/owner(s):**

Beginning of Year:      Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   City, State, Zip \_\_\_\_\_  
   Phone: \_\_\_\_\_  
   E-mail: \_\_\_\_\_

End of Year: (enter any changes here)

No changes      Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   City, State, Zip \_\_\_\_\_  
   Phone: \_\_\_\_\_  
   E-mail: \_\_\_\_\_

Alternate Contact Information:       **Use the following address/contact information for all correspondence, including Complaints (NRS 704.950)**

   Name: \_\_\_\_\_  
   Address: \_\_\_\_\_  
   City, State, Zip \_\_\_\_\_  
   Phone: \_\_\_\_\_  
   E-mail: \_\_\_\_\_

**B) Name and telephone number of the park manager:**

   Manager Name: \_\_\_\_\_  
   Manager Phone: \_\_\_\_\_

**Section 2 – Mobile Home Park and/or RV Spaces**

Total number of mobile home park and/or RV spaces: \_\_\_\_\_

Number of MHP spaces occupied on December 31: \_\_\_\_\_

Number of RV spaces occupied on December 31: \_\_\_\_\_ (None = 0)

**Section 3 - Master Meter Natural Gas/Propane Utilities**

Does the mobile home park have a master meter system in place for natural gas/propane service that involves underground piping owned and operated by the park?

**Yes**     **No**    (Please check one)

Does the mobile home park have a master meter system in place for natural gas/propane service that involves underground piping owned and operated by a third party supplier?

**Yes**     **No**    (Please check one)

**Section 4 – Resale of Utility Service Information**

As used in this Report, the term "resale of utility service" means a park landlord bills tenants of a park for utility service, which will include the provision of natural gas, propane, electric, water or wastewater service.

**A) Does the Mobile Home Park resell any utility service?**

**Yes**    *If Yes, please complete questions 4B through 4D to follow.*

**No**    *If No, skip to Section 5.*

(Please check one)

**B) Does the mobile home park resell natural gas/propane service?**

**Yes**    **No**   (Please check one)   *If Yes, please complete the following Reconciliation Schedule.*

**NATURAL GAS / PROPANE SERVICE RECONCILIATION**

Year Ending December 31, 2014

Name of the Gas Company supplying Natural Gas/Propane Service to the mobile home park tenants:

Gas Company: \_\_\_\_\_

d/b/a: \_\_\_\_\_

(Check one)    **Natural Gas**    **Propane**

Total Amount Utility Charged the Park ----- \$\_\_\_\_\_

Total Amount the Park Collected from Tenants ----- \$\_\_\_\_\_

Is a late charge\* assessed for late payment of natural gas/propane service charges?

**Yes**    **No**   (Please check one)   *If Yes, please indicate the amount of the late charge: \$\_\_\_\_\_*

*Please explain how the park bills its tenants for Natural Gas/Propane service. Check which applies:*

*Each tenant is billed an equal amount based on the park's current utility bill.*

*Each tenant is billed an amount based on the usage recorded for their individual space.*

*If some other method is used please provide a brief explanation of how the tenants are billed:*

\_\_\_\_\_  
\_\_\_\_\_

\* Pursuant to NAC 704.988 the assessed late charge may not be more than the tenant would pay the utility for the same delinquency.

**C) Does the mobile home park resell electric service?**

**Yes**    **No** (Please check one) *If Yes, please complete the following Reconciliation Schedule.*

**ELECTRIC SERVICE RECONCILIATION**

Year Ending December 31, 2014

Name of the Electric Company supplying Electric Service to the mobile home park:

Electric Company: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Total Amount Utility Charged the Park ----- \$ \_\_\_\_\_

Total Amount the Park Collected from Tenants ----- \$ \_\_\_\_\_

Is a late charge\* assessed for late payment of electric service charges?

**Yes**    **No** (Please check one) *If Yes, please indicate the amount of the late charge: \$ \_\_\_\_\_*

*Please explain how the park bills its tenants for Electric service. Check which applies:*

*Each tenant is billed an equal amount based on the park's current utility bill.*

*Each tenant is billed an amount based on the usage recorded for their individual space.*

*If some other method is used please provide a brief explanation of how the tenants are billed:*

\_\_\_\_\_  
\_\_\_\_\_

\* Pursuant to NAC 704.988 the assessed late charge may not be more than the tenant would pay the utility for the same delinquency.

**D) Does the mobile home park resell water service?**

**Yes**    **No** (Please check one) *If Yes, please complete the following Reconciliation Schedule.*

**WATER SERVICE RECONCILIATION**

Year Ending December 31, 2014

Name of the Water Company supplying Water Service to the mobile home park (if park-owned well, please indicate): **Park-owned well:**  **Yes**    **No** (Please check one)

Water Company: \_\_\_\_\_

d/b/a: \_\_\_\_\_

Total Amount Utility Charged the Park ----- \$\_\_\_\_\_

Total Amount the Park Collected from Tenants ----- \$\_\_\_\_\_

Is a late charge\* assessed for late payment of water service charges?

**Yes**    **No** (Please check one) *If Yes, please indicate the amount of the late charge: \$\_\_\_\_\_*

*Please explain how the park bills its tenants for Water service. Check which applies:*

*Each tenant is billed an equal amount based on the park's current utility bill.*

*Each tenant is billed an amount based on the usage recorded for their individual space.*

*If some other method is used please provide a brief explanation of how the tenants are billed:*

\_\_\_\_\_  
\_\_\_\_\_

\* Pursuant to NAC 704.988 the assessed late charge may not be more than the tenant would pay the utility for the same delinquency

## Section 5 – Tenant Service Charge

Has a tenant service charge been charged to the tenants for natural gas utility service during the past year?

**Yes**    **No**   (Please check one)   *If Yes, please complete Natural Gas Schedule I.*

Has the mobile home park maintained an interest bearing tenant service charge account for natural gas utility service during the past year?

**Yes**    **No**   (Please check one)   *If Yes, please complete Natural Gas Schedule II; additionally please include a copy of the bank statement through December 31st. Please redact (black out) any confidential information such as bank account number, Social Security Number or Employer Identification Number on the bank statement, or file the information confidentially pursuant to the Commission's procedures in NAC 703.5274.*

Has a tenant service charge been charged to the tenants for electric utility service during the past year?

**Yes**    **No**   (Please check one)   *If Yes, please complete Electric Schedule I.*

Has the mobile home park maintained an interest bearing tenant service charge account for electric utility service during the past year?

**Yes**    **No**   (Please check one)   *If Yes, please complete Electric Schedule II; additionally please include a copy of the bank statement through December 31st. Please redact (black out) any confidential information such as bank account number, Social Security Number or Employer Identification Number in the bank statement, or file the information confidentially pursuant to the Commission's procedures in NAC 703.5274.*



**NATURAL GAS  
SCHEDULE I**

**Complete if Tenant Service Charges for natural gas/propane service are assessed and collected**

MONTH	SERVICE CHARGE PER TENANT	X	NO. OF TENANTS	=	TOTAL BILLED	TOTAL COLLECTED (to Schedule II)
JANUARY	\$ _____		_____		\$ _____	\$ _____
FEBRUARY	\$ _____		_____		\$ _____	\$ _____
MARCH	\$ _____		_____		\$ _____	\$ _____
APRIL	\$ _____		_____		\$ _____	\$ _____
MAY	\$ _____		_____		\$ _____	\$ _____
JUNE	\$ _____		_____		\$ _____	\$ _____
JULY	\$ _____		_____		\$ _____	\$ _____
AUGUST	\$ _____		_____		\$ _____	\$ _____
SEPTEMBER	\$ _____		_____		\$ _____	\$ _____
OCTOBER	\$ _____		_____		\$ _____	\$ _____
NOVEMBER	\$ _____		_____		\$ _____	\$ _____
DECEMBER	\$ _____		_____		\$ _____	\$ _____

**NATURAL GAS  
SCHEDULE II**

**Summary of Tenant Service Charge Deposits and Disbursements**

**DEPOSITS**

DATE	TOTAL COLLECTED (from Schedule I)	TOTAL DEPOSITED	DIFFERENCE (explanation required)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Totals:</b>	\$ _____	\$ _____	\$ _____

**DISBURSEMENTS**

DATE	DESCRIPTION	PUC DOCKET NUMBER	TOTAL DISBURSEMENTS
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total:</b>			\$ _____

A) Account Balance from Previous Year - - - - -		\$ _____
B) Interest Earned This Year - - - - -	+	\$ _____
C) Total Bank Fees Paid This Year - - - - -	-	\$ _____
D) Total Tenant Service Charges Deposited This Year - - - - -	+	\$ _____
E) Total Disbursements - - - - -	-	\$ _____
F) Year End Account Balance - - - - -	=	\$ _____

**ELECTRIC  
SCHEDULE I**

**Complete if Tenant Service Charges for electric service are assessed and collected**

MONTH	SERVICE CHARGE PER TENANT	X	NO. OF TENANTS	=	TOTAL BILLED	TOTAL COLLECTED (to Schedule II)
JANUARY	\$ _____		_____		\$ _____	\$ _____
FEBRUARY	\$ _____		_____		\$ _____	\$ _____
MARCH	\$ _____		_____		\$ _____	\$ _____
APRIL	\$ _____		_____		\$ _____	\$ _____
MAY	\$ _____		_____		\$ _____	\$ _____
JUNE	\$ _____		_____		\$ _____	\$ _____
JULY	\$ _____		_____		\$ _____	\$ _____
AUGUST	\$ _____		_____		\$ _____	\$ _____
SEPTEMBER	\$ _____		_____		\$ _____	\$ _____
OCTOBER	\$ _____		_____		\$ _____	\$ _____
NOVEMBER	\$ _____		_____		\$ _____	\$ _____
DECEMBER	\$ _____		_____		\$ _____	\$ _____

**ELECTRIC  
SCHEDULE II**

**Summary of Tenant Service Charge Deposits and Disbursements**

**DEPOSITS**

DATE	TOTAL COLLECTED (from Schedule I)	TOTAL DEPOSITED	DIFFERENCE (explanation required)
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
<b>Totals:</b>	\$ _____	\$ _____	\$ _____

**DISBURSEMENTS**

DATE	DESCRIPTION	PUC DOCKET NUMBER	TOTAL DISBURSEMENTS
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total:</b>			\$ _____

A) Account Balance from Previous Year - - - - -		\$ _____
B) Interest Earned This Year - - - - -	+	\$ _____
C) Total Bank Fees Paid This Year - - - - -	-	\$ _____
D) Total Tenant Service Charges Deposited This Year - - - - -	+	\$ _____
E) Total Disbursements - - - - -	-	\$ _____
F) Year End Account Balance - - - - -	=	\$ _____

**OATH**

I, **(Name of person signing Oath)** \_\_\_\_\_, on behalf of **(Name of mobile home park)** \_\_\_\_\_ declare under penalty of perjury under the laws of the State of Nevada that I have carefully examined the foregoing information provided to the Public Utilities Commission of Nevada, and declare it to be a complete and correct statement to the best of my knowledge, information and belief; and that I have the authority to make these representations and to bind the regulated entity on whose behalf I am providing this information. I further declare that the foregoing information has been prepared by me or under my direction from the original books, papers and records of the regulated entity and that any accounts and/or figures provided embrace all the relevant financial operations of the regulated entity during the period of time for which the information is provided.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Signature: \_\_\_\_\_