



DATE

Name of Park or Owner

Address

City State Zip

Park: Name of Park

ID: Park ID number

RE: Letter of Conveyance

**90.849 Notice of conveyance.** (1) In addition to providing notice as required by ORS 90.842, upon sale of a facility under ORS 90.842 to 90.850 or upon any sale, transfer, exchange, or other conveyance of a facility described in ORS 90.848, the owner shall give notice of the conveyance to the Housing and Community Services Department stating:

- (a) The number of vacant spaces and homes in the facility.
- (b) The final sale price of the facility.
- (c) The date the conveyance became final.
- (d) The name, address, email address and telephone number of the **new** owner.

(2) Upon receipt of a notice under ORS 90.655 (1) or 90.842 (3) or subsection (1) of this section, the department shall make available on a website any public information contained in the notice and shall deliver the information to any person who has requested copies in a manner prescribed by the department.

**Please use the form on the back of this letter to submit your Letter of Conveyance.**



# Conveyance Form

Park/Marina: \_\_\_\_\_

Park ID: \_\_\_\_\_

1. Name of park or **new** name of Manufactured Home Park/Marina:

\_\_\_\_\_

2. Name, address, email address and telephone number of **new** Landlord/Park/Marina Manger:

\_\_\_\_\_

3. The name, address, email address and telephone number of the **new** owner:

\_\_\_\_\_

4. Name, address, email address and telephone number of property management Company:

\_\_\_\_\_

5. The number of vacant spaces/ slips and homes in the facility:

\_\_\_\_\_

6. The final sale price of the facility: \_\_\_\_\_

7. The date the conveyance became final: \_\_\_\_\_

## Please Submit Conveyance form to this Address

Oregon Housing and Community Services  
North Mall Office Building  
725 Summer St NE Suite B  
Salem Oregon 97301-1266  
**Or Email: [hcs.mmcr@oregon.gov](mailto:hcs.mmcr@oregon.gov)**

