Office of the Secretary (OS) Form 2001 (02/01)

PRIVATE RENTAL SURVEY TRAILER SPACES

City and State:		
Name of Trailer Park:		
Street Address of Park:		
Mailing City and State:	Survey I.D. Number:	Community Code:
Manager or Owner's Name:	Zip Code:	Manager/Agent Phone:
PARK/SITE DATA (FILL IN APPROPRIATE BLANKS AND CHECK BEST CHOICE)		
 Single-Wide Sites A. Total Square Feet B. Monthly Contract Rent (round to the nearest dollar) Double-Wide Sites A. Total Square Feet B. Monthly Contract Rent (round to the nearest dollar) 	 7. Services Paid for by Landlor Water (including wells) Sewer (including septic) Garbage Lawn Care Cable TV Satellite Dish Hook-up Electricity Heating Fuel Snow Removal 	d: Yes No Yes No
 3. Year Trailer Park Constructed 4. Trailer Pad Construction A. Hard Surface (cement, asphalt, etc.) B. Natural Surface (dirt, gravel, etc.) 5. Community Laundry A. Complimentary Tenant Use B. Coin-operated Machines C. No Laundry Facilities in Park 6. Community Swimming Pool A. Complimentary Tenant Use B. Tenants Pay to Use Pool C. No Pool in Park 	8. Site Amenities: Water Service (including well Electricity Fuel Delivery/Storage Police Protection Fire Protection Sanitation Services (includin Telephone Services Are Noise Levels/Odors Acc Miscellaneous Improvement Paved Roads Sidewalks Street Lights	g septic) Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No
 Paperwork Reduction Act Statement: This information is being used to determine private sector rental rates for trailer spaces, and will be used to establish rental rates for occupants of government-furnished quarters. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid Office of Management and Budget (OMB) control number. Estimated Burden Statement: Public reporting burden for this form is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate, or any other aspect of this form, to Office of the Secretary, Main Interior Building, Office of Acquisition and Property Management, 1849 C Street N.W., MS 5512, Washington, DC 20240. 		

Privacy Act Statement: Your participation is voluntary. If you do participate, you do not have to give us personal information in order to complete this form. The data obtained from you will be treated confidentially, and will be used only for statistical purposes – to measure private rental rates in your community and region. However, we reserve the right to contact you to clarify this information or to verify our contractor's performance. We will not disclose this information; it is published only in aggregate form. We do not give, sell or transfer any personal information to a third party. It will not be shared with other property managers or rental companies. Direct comments regarding the Privacy Act, or any other aspect of this form, to Office of the Secretary, Main Interior Building, Office of Acquisition and Property Management, 1849 C Street N.W., MS 5512, Washington, DC 20240.

Completed By:_____

Printed Name:_____ Date:_____