

## **Complaint Regarding Unlicensed Person Installing Manufactured Homes**

1) ALLEGED UNLICENSED PE	ERSON INS	TALLING						
Telephone (if known): ()								
Alleged Unlicensed Persons Name								
Business or Company Name								
Address								
City	State	Zip	County					
2.) LOCATION OF HOME INST	TALLED B	Y ALLEGEI	UNLICENSED PERSON					
	Telephone (if known): ()							
Homeowner's Name								
Address								
City	State	Zip	County					
Home Is (check one): New		Used	Repossessed					
3) RETAIL DEALERSHIP INFO	ORMATIO	N						
Provide information pertaining to the	ne retail dea	ler and manuf	acturer IF AVAILABLE.					
		Telep	hone (if known): ()					
Retailer Name								
Business Address								
City	State	Zip	County					
4) MANUFACTURER INFORM	IATION (II	F AVAILAB	LE)					
		Teler	shone (if known): ()					
Manufacturer's Name		1010	none (ii known). ()					
Address								
City	State	Zip	County					

## 5) MANUFACTURED HOME INFORMATION AND IDENTIFICATION (if available)

Permit Number(s)						
Home Owner Name	Name Home Owner Telephone Number if available					
Serial Number:	al Number: HUD Label Number:					
Length:Width:Check (	One: Double wi	ideSingle wide	Other (specify)			
Approximate Date of Delivery:						
Was home moved from its original set If yes, (date)	•		No			
Original location:			<del></del>			
2. Have you contacted the inspector, his complaint? Yes No If yes, was this notification written  6) INSPECTION AGENCY INFORM	s supervisor or a	anyone else in the inspect				
		Telephone: ( )				
Inspector Name						
Inspection Agency or Department Nam	e					
Address						
City	State	Zip	County			
If you have spoken about this problem phone numbers if known:	with other mem	abers of the local authority	y, please list their names, titles and			
7.) Complaint Description						
Provide any information you have about copies of any documents, contracts, ordered						

YOUR INFORMATI	ION				
Your Name				Title/	License/Certification #
Business Name and Ado	dress				
City		State	Zip		County
Mailing Address (if app	olicable)				
City		State	Zip		County
Home Telephone: (	)		Business T	Celephone: (	)
The information given a	above is tru	e to the best of	my knowledge ar	nd belief.	
Complainant Signature			Date		
-	this application 1	may be subject to pub		der the Freedom of Info	rmation Act or other provisions of federal and
DIRECTIONS TO MA	ANUFACT	URED HOMI	E SITE		
					marks in your area for field irections from the highway near