## MANUFACTURED HOME CONSUMER COMPLAINT FORM

OFFICE USE ONLY
DATE RECEIVED\_\_\_\_\_\_
CASE #

CONSUMER'S NAME			- "	
ADDRESS				
CITY			COUNTY_	
PHONE ()	E-MAIL ADDR	RESS		
DATE PURCHASED	NE	EW	USED	
DATE INSTALLED	INSTALLATION DECAL #			
HAS THE HOME BEEN MOVED FROM				
HUD LABEL #	SERIAL #		MODEL	
DID YOU RECEIVED CONSUMER/HOMEO	WNER MANUAL? YE	:S	NO	
HAVE YOU PERFORMED THE HOMEOWN	NER MAINTENANCE	AS REQUIRED	IN YOUR CONSUM	IER MANUAL?
MANUFACTURER'S NAME				
ADDRESS				_ZIP
PHONE # ()	_DATE MANUFACT	URED	LENGTH_	WIDTH
RETAILER'S NAME				
ADDRESS				_ZIP
PHONE # ()	RESALE D	ECAL #		
INSTALLER'S NAME	INSTALLER CERT. #			
ADDRESS				
INSTALLER'S PHONE # ()				
HAVE YOU CONTACTED THE RETAIL! CONCERNING THIS MATTER? DID TH			INSTAL D	LER
WHO RESPONDED? MANUFACTURER	RETAILER		INSTALLER	·
HAVE YOU FILED A PREVIOUS CONSUMI COMMISSION CONCERNING THIS HOME				D HOUSING 

ALL BLANKS ABOVE MUST BE COMPLETED IN FULL AND SIGNED BY THE OWNER PLEASE LIST COMPLAINTS ON PAGE 2 OF THIS FORM.

RETURN THIS FORM AND A COPY OF YOUR SALES AGREEMENT/CONTRACT TO:

ALABAMA MANUFACTURED HOUSING COMMISSION 350 SOUTH DECATUR STREET MONTGOMERY, AL 36104 PHONE #: (334) 242-4036

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PLEASE TYPE OR PRINT PLAINLY. <u>DO NOT USE A PENCIL</u>, <u>USE BLACK INK ONLY</u>: ON THE LINES BELOW, LIST AND BRIEFLY DESCRIBE YOUR COMPLAINTS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AND CONTINUE NUMBERING WITH 16.

1		
7		
Regulations may not require correction home. Cosmetic complaint items (the	er will be asked to investigate your complaint. ons of items after one year from the date of ins se items not addressed in the Federal Standar ncy does not have the authority to regulate or	tallation of your ds) are not required
	SIGNATURE OF COMPLAINANT (C	NWNED)