

MISSOURI PUBLIC SERVICE COMMISSION MANUFACTURED HOME & MODULAR UNIT PROGRAM **DEALER'S MONTHLY SALES REPORT**

Reporting Period

(Month when the home was delivered)

Remit To: Manufactured Housing & Modular Unit Program P.O. Box 360 Jefferson City, MO 65102

FAX: 573-522-2509 or EMAIL: mhreports@psc.mo.gov

tructions:	Questions? Call 1-800-819-3180
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- This report must be submitted before the **10th of each month** following the month for which sales are reported. **All homes delivered to consumers (sold)** both new & used manufactured homes and modular units must be
- This report must be completed in full and signed or it will be rejected.

 A separate form must be submitted for each month's sales

reported	d. If no deliveries (sales) are made for a	particular mont	h, enter "No Sa l	les".	ilits iliust be		attach additional sheets as nec		ales.		
Dealer Registration Number (The number on the bottom of your Dealer Certificate) Dealerst				ealership Name (Please enter the name as it appears on your Dealer Certificate)				Telephone Number (Please include area code)			
Dealer Lot Address				City, State, Zip Code							
DELIVERY	MANUFACTURER CITY STATE	YEAR	SIZE	COMPLETE SERIAL NUMBER		HUD HOME			MODULAR UNI		SALES
DATE	CITY, STATE (Do Not Abbreviate)					NEW	INSTALLER NAME & NO.	USED	NEW	USED	PRICE
As an offic	cer, partner or owner of the dea	alership, I he	ereby state th	nat the above s	statements ar	e true and o	correct to my best knowle	dge and bel	ief.		
SIGNATU	JRE:			TITI	LE:			DAT	ГЕ:		

Revised: 8/1/09