



# Missouri Public Service Commission Manufactured Housing & Modular Unit Program Inspection Request/Consumer Complaint Form

Please print legibly or type.

CONSUMER INFORMATION (REQUIRED)	OFFICE USE ONLY
Name	File Name
Address	Inspector <span style="float: right;">Received by:</span>
City/State/Zip	Date of Inquiry: <span style="float: right;">Date of Receipt:</span>
County	<b>HOME INFORMATION (REQUIRED)</b>
Work Phone	New <b>or</b> Used <span style="float: right;">Single <b>or</b> Multi-Section</span>
Home Phone	Set Up: <span style="margin-left: 20px;">Basement</span> <span style="margin-left: 20px;">Foundation</span> <span style="margin-left: 20px;">Piers</span>
Other Phone	Serial #. (REQUIRED)
<b>MANUFACTURER INFORMATION (REQUIRED)</b>	HUD Label #.
Name	Model <span style="float: right;">Size of Home:</span>
Address	Manufacture Date: <span style="float: right;">Delivery Date:</span>
City/State/Zip	Has the home been moved from original location? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>
<b>DEALER INFORMATION (REQUIRED)</b>	Are you the first owner of the home? <span style="margin-left: 20px;">Yes</span> <span style="margin-left: 20px;">No</span>
Name	<b>INSTALLER INFORMATION (IF KNOWN)</b>
Address	Name:
City/State/Zip	Decal #: <span style="float: right;">Installation Date:</span>
<b>REASON FOR REQUEST (REQUIRED)</b> List each concern separately. Do not write concerns in paragraph form.	
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<b>Attach additional sheets if necessary.</b>	
Signature of Consumer: (REQUIRED)	Date:
<b>This form must be completed in full and submitted with a copy of the Bill of Sale or Purchase Agreement. (REQUIRED)</b> <b>RETURN TO:</b> Manufactured Housing & Modular Unit Program <b>PHONE:</b> 800-819-3180 P.O. Box 360, Jefferson City, MO 65102 or 200 Madison Street, 5 <sup>th</sup> Floor, Jefferson City, MO 65101 <b>FAX:</b> 573-522-2509	