



Missouri Public Service Commission Manufactured Housing & Modular Units Program Inspection Request Work Order

Please fill the form out completely and legibly.

HOMEOWNER INFORMATION		OFFICE USE ONLY	
Name:		Inspector:	
Address:		Date Received:	
City/State/Zip:		Date Closed:	
Work Phone:	Home Phone:	HOME INFORMATION	
MANUFACTURER INFORMATION		Serial #:	
Name:		HUD Label #:	
Address:		Date of Manufacture:	
City/State/Zip:		Date of Sale:	
DEALER INFORMATION			
Name:		Phone:	
Address:			
City/State/Zip:			
INSTALLER INFORMATION			
Name:		Phone:	Installer#:
Address:			
City/State/Zip:			
Items Corrected From The Inspection Report		Comments	
1			
2			
3			
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18			
19			
20			
21			
Signature of Dealer:		Date:	
Signature of Homeowner (REQUIRED):		Date:	
RETURN TO: Manufactured Housing & Modular Units Program P.O. Box 360, Jefferson City, MO 65102		PHONE: 800-819-3180 FAX: 573-522-2509	