



Missouri Public Service Commission / Manufactured Housing and Modular Units Program

MONTHLY INSTALLATION DECAL REPORT

REPORTING PERIOD (MO/YR):	INSTALLER NAME:	REGISTRATION #:	PHONE #:
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INSTRUCTIONS: This form must be used in reporting Installation Decals to the Manufactured Housing & Modular Units Program. A copy should be retained by the installer. This form must be submitted by the 10th day of the following month reporting decals placed for the previous month, ie. Month of May - Due by June 10th. This report may be submitted by MAIL (Department of Manufactured Housing, PO Box 360, Jefferson City, MO 65102), FAX (1-573-522-2509) or EMAIL (mhreports@psc.mo.gov). This form is available on our webpage www.psc.mo.gov, select Manufactured Housing; Installer Information; Monthly Decal Report. To view and type in this form, you will need a program such as Adobe Reader. (Manufactured Housing Contact Information: PHONE: 800-819-3180; FAX: 573-522-2509; EMAIL: mhreports@psc.mo.gov)

#1. HOME INFORMATION:

Decal #: _____ HUD #: _____
 Date Installed: ____/____/_____
 Complete Serial #: _____
 Year Built: _____ Size: _____ X

#1. MANUFACTURER INFORMATION:

Name: _____
 City/State: _____
 Registration #: _____

#1. DEALER INFORMATION:

Name: _____
 City/State: _____
 Phone: _____
 Registration #: _____

#1. CONSUMER INFORMATION:

Name: _____
 Address: _____
 City: _____
 Zip: _____ County: _____
 Phone: _____

#2. HOME INFORMATION:

Decal #: _____ HUD #: _____
 Date Installed: ____/____/_____
 Complete Serial #: _____
 Year Built: _____ Size: _____ X

#2. MANUFACTURER INFORMATION:

Name: _____
 City/State: _____
 Registration #: _____

#2. DEALER INFORMATION:

Name: _____
 City/State: _____
 Phone: _____
 Registration #: _____

#2. CONSUMER INFORMATION:

Name: _____
 Address: _____
 City: _____
 Zip: _____ County: _____
 Phone: _____

#3. HOME INFORMATION:

Decal #: _____ HUD #: _____
 Date Installed: ____/____/_____
 Complete Serial #: _____
 Year Built: _____ Size: _____ X

#3. MANUFACTURER INFORMATION:

Name: _____
 City/State: _____
 Registration #: _____

#3. DEALER INFORMATION:

Name: _____
 City/State: _____
 Phone: _____
 Registration #: _____

#3. CONSUMER INFORMATION:

Name: _____
 Address: _____
 City: _____
 Zip: _____ County: _____
 Phone: _____

#4. HOME INFORMATION:

Decal #: _____ HUD #: _____
 Date Installed: ____/____/_____
 Complete Serial #: _____
 Year Built: _____ Size: _____ X

#4. MANUFACTURER INFORMATION:

Name: _____
 City/State: _____
 Registration #: _____

#4. DEALER INFORMATION:

Name: _____
 City/State: _____
 Phone: _____
 Registration #: _____

#4. CONSUMER INFORMATION:

Name: _____
 Address: _____
 City: _____
 Zip: _____ County: _____
 Phone: _____

SIGNATURE: _____

DATE: _____