



Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

Complaint Against Licensed Installer

1) LICENSED INSTALLER

Name Telephone (if known): (_____) _____

Business or Company Name

Address License # _____ - _____

City State Zip County

2.) LOCATION OF HOME INSTALLED (IF AVAILABLE)

Homeowner's Name Telephone (if known): (_____) _____

Address

City State Zip County

Home is (check one): New _____ Used _____

3) RETAIL DEALERSHIP INFORMATION (IF AVAILABLE)

Retailer Name Telephone (if known): (_____) _____

Business Address

City State Zip County

4) MANUFACTURER INFORMATION (IF AVAILABLE)

Manufacturer's Name Telephone (if known): (_____) _____

Address

City State Zip County

5) MANUFACTURED HOME INFORMATION AND IDENTIFICATION (IF AVAILABLE)

Serial Number: _____ HUD Label Number: _____
Length: _____ Width: _____ Check One: Double wide _____ Single wide _____ Other (specify) _____

Approximate Date of Delivery: _____

6) INSPECTION AGENCY INFORMATION (IF AVAILABLE)

_____ Telephone: (_____) _____
Inspector Name

_____ Permit # _____
Inspection Agency or Department Name

_____ Address

_____ City _____ State _____ Zip _____ County _____

If you have spoken about this problem with other members of the local authority, please list their names, titles and phone numbers if known:

7.) Complaint Description

Provide any information you have about the installation by the licensed installer including: the sequence of events, copies of any documents, contracts, order forms, permits, red tags, inspection notices, photographs, etc.

