



Ohio Manufactured Homes Commission Inspection Seal Order Form

Request for Inspection Seals

Date: _____

Authority Having Jurisdiction

Local Building/Health Department or Third Party Agency Name

Mailing Address

City

Zip Code

Name of Person Requesting Inspection Seals

Signature

Title

Telephone Number

Fax Number

E-Mail Address

Seals Requested

Number of Inspection Seals Requested: _____

X \$100.00 each

Total Amount Submitted:

\$ _____

Enclose Check or Money Order made payable to Treasurer, State of Ohio
Or you may pay by credit/debit card below.

Visa MasterCard

_____ _____
Credit card number Exp. Date

_____ \$ _____

Signature of cardholder

Amount

Mail this request with Payment to:

Ohio Manufactured Homes
Commission -
Inspection Seals
5100 Parkcenter Avenue
Suite 103
Dublin, Ohio 43017

**Inspection Seals will be issued
upon receipt of payment.**

***if credit card is used, you must add .0231% convenience
fee to the total**