

MH/RV COMPLAINT REGISTRATION

(Please type or print)

Filed By: _____

Address: _____

Mailing Address: _____

(If different from above)

County of Residence: _____

Phone #: () _____ () _____
(Home) (Work)

Installer Name: _____

Installer License #: _____

Date Installed: _____ Label #: _____

Date of Purchase: _____

Date of Delivery _____

MH: RV: NEW: USED:
(CHECK ONE) (CHECK ONE)

Current License Decal #: _____

Serial #: _____

HUD Label #: _____
(Red/Silver metal tag on rear of unit)

Has County passed final inspection and/or issued a Certificate of Occupancy? YES / NO

Date of issue: _____ (Circle One)

DEALER INFORMATION

MANUFACTURER INFORMATION

(Name of Dealer)

(Name of Manufacturer)

(Address of Dealer)

(Address of Manufacturer)

(City / State / Zip)

(City / State / Zip)

(Telephone Number)

(Telephone Number)

Have you contacted the Dealer in writing concerning your problems?
Yes / No Please Give Dates and Persons Contacted. _____

Have you contacted the Manufacturer in writing concerning your problems? Yes / No . Please give dates and persons

Contacted: _____

Do you object to Dealer/Installer being present? Yes No

Do you object to Mfg. being present? Yes No

NATURE OF COMPLAINT

NOTE: If there are contractual problems, please attach copies of all supporting documents, including purchase agreement, contract, etc.

(Use reverse side of this form if additional space is needed)

If your home is not located in a park, please provide directions to your home from a major highway in your area

**MAIL TO: Manufactured Housing Section
Division of Motorist Services
5701 E. Hillsborough Avenue
Net Park Suite 2228
Tampa, Florida 33610
Ph: 813/302-5036 Fax: 813/612-7131**

Please allow 2 to 4 weeks processing time, depending on office workload, for a response to your complaint.

HSMV-81095 (Rev. 04/17)

(Signature of Complainant)

(Date Signed)

OFFICE USE ONLY

TBR NJ
SPI R

(Inspector)

