



Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489
(800) 500-7074, (512) 475-2200 FAX (512) 475-3506
Internet Address: www.tdhca.state.tx.us/mh/index.htm

NOTICE OF INSTALLATION (FORM T)

Manufacturer Name:
Model: Date of Manufacture:
Label/Seal Number Complete Serial Number Width X Length
Section One:
Section Two:
Section Three:
Consumer Name:
Home Phone: Work/Cell Phone:
Physical Address Mailing Address
City/State/Zip City/State/Zip
County Where Home Installed: Installation Date:
Wind Zone: Is the home installed in a Humid & Fringe Climate?
Is this only a releveling? Was the home labeled for alternate construction?
Retailer
Installer
Is home installed in Frost Line Zone? Does retailer or installer provide skirting?
Is installation part of sales contract of used home?
New Home - The home has been installed in accordance with:
Used Home:

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 7th day after which the installation is completed and should not be submitted with the title documents.

TEX. OCC. CODE §1201.206(i): On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this _____ day of _____, _____.

Signature (Retailer/Installer)

Name (print or type)

Department Use Only

Inspected Without Violations

Inspected With Violations

Not Inspected, Unit Skirted

Not Inspected, Unable to Locate

Not Inspected, No Unit At Location

Not Inspected, Unit Not Accessible

Inspection Date: _____ HUD/Seal #: _____

I hereby certify on this _____ day of _____, 20_____ that the above inspection results are true and correct to the best of my knowledge and belief.

Inspector Signature: _____ Printed Name: _____

DRAW MAP BELOW

