Texas Department of Housing and Community Affairs

Manufactured Housing Division 1801 CONGRESS AVE., SUITE 11.400 P.O. Box 12489 Austin, Texas 78711-2489 (877) 313-3023 Fax: (512) 475-3506 Internet Access: www.tdhca.state.tx.us/mh/index.htm

(FOR DEPAR	TMENT USE ONLY)
Complaint No.	
Assigned to	

Investigator:	
Fee Received: Yes	
Date Processed:	
Request Processed by:	

INDUSTRY REQUESTED INSPECTION OF MANUFACTURED HOME

In order to process this request, it must be properly completed and legible. (TYPE or PRINT LEGIBLY in BLACK INK ONLY)

Notice: Under the Public Information Act, this request and the requester's identity are subject to disclosure.

Requester Information

	—						
Business Name:							
State License Type:	Manufacturer	Retailer	Installer	License No.			
Mailing Address:							
City, State and ZIP:							
Business Phone:	Fax:						
Email Address:							
Consumer Information							
Consumer's Name:							
Address:							
City, State and ZIP:							
Home Phone:	Work Phone:						
Manufactured Home Information							
Home's Physical Address							
(Address, City, State ZIP):							
County Where Home Is			Is this F	Iome: 🗌 NEW 🗍 USED			
Located:							
HUD Label:	Complete Serial No:						
Date Home Purchased	Date Home Installed						
(mm/dd/yy):	(mm/dd/yy):						
Requester's Signature							
Under the penalty of perjury, I hereby swear that the matters set forth in this Request for Inspection of Manufactured Home are, to the best of my knowledge, true and correct.							
Signature of REQUESTER		De	ATE				
Inspection Fee: \$150.00							
Please attach your Business Check or Money Order payable to: TDHCA/MHD							