

## Building Standards and Codes

New York State Department of State Division of Building Standards and Codes One Commerce Plaza 99 Washington Avenue, Suite 1160 Albany, NY 12231-0001 (518) 474-4073 Fax: (518) 486-4487 www.dos.ny.gov

## Manufactured Housing Complaint Form

## Nothing in this complaint shall limit the rights of the consumer under any contract or applicable law. The consumer has the right to pursue other avenues of legal action.

In order to process your complaint, we require the following information. You will find this requested information by looking at your sales receipt, data plate, HUD label, manufacturer's and installer's warranty seals, Consumer Manuals; Installation Manuals and other home related documentation. The data plate can be found on or near the main electrical panel, in the kitchen cabinet under the sink, or in a bedroom closet. The HUD label is located on the exterior of your home opposite the hitch end. The manufacturer's and installer's warranty seals are located in largest closet of the largest bedroom. Describe the nature of your complaint providing specific detailed information. Attach additional 8½x11 sheets as necessary. Place your name and address on each sheet.

COMPLAINANT INFORMATION							
Name(s)							
Address							
City, State Zip		Daytime phone	Daytime phone				
Evening phone		Email	Email				
Cellular phone		What is the best time	What is the best time and way to contact you?				
HOMEOWNER INFORMATION							
Name(s)							
Address							
City, State Zip To		Felephone					
HOME IDENTIFICATION/MANUFACTURER INFORMATION							
HUD Label Number		Serial Number	rial Number				
Model Name/Number	I		Date of Manufacture				
Manufacturer							
Address							
Telephone							
RETAILER INFORMATION							
Retailer							
Address							
Telephone	Date of Purchase		Certification Number				
INSTALLER INFORMATION							
Installer							
Address							
Telephone	Date of Installation		Certification Number				

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MECHANIC INFORMATION								
Mechanic								
Address								
Telephone	Date of Repair/Mod	ification	Certificatio	on Number (if known)				
MUNICIPALITY INFORMATION								
Municipality issuing Building Permit								
Address								
Telephone		Name of Code Enforcement Official						
<b>COMPLAINT DETAILS – COMPL</b>	ETE BELOW OR	PROVIDE ATTACH	HED HER	ETO				
installation, service or construction of a	manufactured hor faces and cabinets	ne which collectively contraction, cosmetic drywall craction	ould be ex	other conditions in the delivered condition, xpected to cost \$500 or more to cure. Items or color variations in trim, visual presence of				
Signature				Date				

www.dos.ny.gov/DCEA/manuf\_forms.htm