



MANUFACTURED HOME COMPLAINT

INSURANCE COMMISSIONER'S OFFICE/SAFETY FIRE DIVISION
MANUFACTURED HOUSING SECTION
FLOYD BUILDING, SUITE 620 WEST TOWER
2 M.L.K. JR DRIVE
404-656-9498

JOHN W. OXENDINE
INSURANCE & SAFETY FIRE
COMMISSIONER

THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS YOUR COMPLAINT. FAILURE TO COMPLETE THIS SECTION MAY DELAY THE COMPLAINT PROCESS. PLEASE USE BLACK INK OR TYPE.

Homeowners Name: Occupant:
Phone Number: (H) (W) Alternate Number:
Mailing Address: City: State: Zip Code:
Street Address: City: State: Zip Code:
WHAT COUNTY IS THE HOME LOCATED IN:

HOME IDENTIFICATION INFORMATION: (Please complete as many as possible)
Serial Number: Model Number: Model Name:
HUD Label Number(s):
Date of Manufacturer: Date of Purchase: Date of Installation:
Is this a complaint regarding a New Home, Used Homes or Secondary Move? NEW USED SECONDARY MOVE
MANUFACTURER: Telephone Number
Mailing Address: City: State: Zip Code:
DEALER: Telephone Number:
Mailing Address: City: State: Zip Code:
INSTALLER: Telephone Number:
Mailing Address: City: State: Zip Code:

Please answer the following questions:

- 1) Have you previously filed a complaint with this office? YES NO
2) If so, please list the complaint number Date Filed
3) Did you receive a Homeowner's Manuel? YES NO
4) Have you notified the Manufacturer? YES NO Was notification: Written Verbal
5) Have you notified the Dealer? (seller) YES NO Was notification: Written Verbal

If you are an individual with a disability and wish to acquire this application in an alternative format, please contact the ADA Coordinator at the Georgia Insurance Department, 2 MLK Jr. Drive, Atlanta, Georgia 30334, (404) 656-2082 TDD (404) 656-4031

Please list below the problems in which you are experiencing. **DO NOT** list such items as cosmetic, trim or furnishings.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

(Attach a separate sheet if necessary)

**IN THE EVENT THAT AN INSPECTION IS CONDUCTED, PROVIDE DIRECTIONS THAT START FROM A KNOWN SPECIFIC POINT IN THE SPACE BELOW. DRAW A SKETCH USING HIGHWAYS, ROAD NAMES AND OTHER LANDMARKS OR POINTS OF LOCATION INDICATING EXACTLY HOW TO LOCATE YOUR PROPERTY.**

When complete, please return this form to the following address:

**INSURANCE COMMISSIONER'S OFFICE/SAFETY FIRE DIVISION, MANUFACTURED HOUSING SECTION, FLOYD BUILDING, SUITE 620 WEST TOWER, 2 MARTIN LUTHER KING JR DRIVE, ATLANTA, GEORGIA 30334.**

**THE OFFICE OF COMMISSIONER OF INSURANCE DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, DISABILITY OR PROVISION OF PROGRAMS OR SERVICES.**

\_\_\_\_\_  
**OWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**