



# Arkansas Manufactured Home Commission

## Arkansas Department of Labor and Licensing

### Consumer Complaint Form

Office Use Only

**Mail to:**

Arkansas Manufactured Home Commission  
 900 West Capitol, Suite 400  
 Little Rock, AR 72201-3826  
 Fax: 501-683-3538 \* [AMHC@ARKANSAS.GOV](mailto:AMHC@ARKANSAS.GOV)

Consumer Complaint # \_\_\_\_\_  
 Register # \_\_\_\_\_

Please Type or Print

<b>Homeowner's Name:</b>	<b>Is Physical Address Same as Mailing Address</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Mailing Address:	Physical Address:
City: State: <b>AR</b> Zip Code:	City: State: <b>AR</b> Zip Code:
Telephone: (Home)	(Work)
Email:	

<b>Manufacturer:</b>	SAA STATE:
Address:	Lic#:
City: State: Zip Code:	
Telephone: Fax:	

<b>Retailer:</b>	Lic#:
Address:	
City: State: Zip Code:	
Telephone: Fax:	

<b>Installer:</b>	Lic#:
Address:	
City: State: Zip Code:	
Telephone: Fax:	

<b>(See Compliance Certificate) Date Manufactured:</b>	AMHC DCL#:
Unit Serial Number:	
HUD Label Number:	HUD LABEL Number:

Date Purchased:	Purchased Home	<input type="checkbox"/> NEW	<input type="checkbox"/> USED (Check One)
Is this a secondary move?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, date of move:			



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**Items of Complaint:**

**List Each Item Separately, Be Brief but Specific**

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Signature

Date

*Please feel free to copy this page, if more complaints need to be addressed.*