



prevention - protection - enforcement



SOUTH DAKOTA FIRE MARSHAL

221 South Central Avenue
Pierre, SD 57501
Phone: 605.773.3562
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MANUFACTURED HOME DISPUTE RESOLUTION/COMPLAINT FORM

CONSUMER NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBERS: Home _____ Office _____

MOBILE HOME DEALER: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

MOBILE HOME MANUFACTURER: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____

MOBILE HOME SERIAL NO: _____ DATE OF MANUFACTURE: _____

HUD SERIAL NO: _____

NATURE OF PROBLEM: (use second page if more room is needed)

YOUR ACTIONS TO CORRECT THE PROBLEM: (use second page if more room is needed)

I have contacted the: Dealer () yes () no Manufacturer () yes () no A lawyer () yes () no

YOU HAVE MY PERMISSION TO SEND A COPY OF THIS COMPLAINT TO THE BUSINESS(ES) NAMED.

I hereby certify I have read the above complaint, and the above is true and correct to the best of my knowledge and belief.

Signature

Date

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Nature of Problem -- continued:

Actions taken to correct problem - continued: