



OFFICE OF MANUFACTURED HOUSING



JANICE K. BREWER
GOVERNOR

Robert Barger
DIRECTOR

1110 WEST WASHINGTON, SUITE 100
PHOENIX, ARIZONA 85007
(602) 364-1003
(602) 364-1052 FAX

PIMA COUNTY
400 WEST CONGRESS, SUITE 121
TUCSON, ARIZONA 85701
(520) 628-6920
(520) 628-6930 FAX

To: The Purchaser of A Manufactured/Mobile Home /Factory-Built Building

Re: Request To File A Complaint

Cosmetic Complaints - New Manufactured Homes

Cosmetic complaints are minor matters and do not involve the performance of structural, electrical, plumbing, mechanical, or gas systems. All complaints should be reported, in writing, to the licensees within 120 days of the installation of the home or the designated cosmetic complaint date.

Cosmetic walk-through complaints received by this Office during the above time (120 days) will be placed into inactive status. If repairs are not made after 90 days of that cosmetic time period, the purchaser may reopen their file by notifying the Office and including a current list of complaints that need correction.

Complaints Other Than Cosmetic (Including Used Homes)

The purchaser may file a complaint with this Office within a year from the date of purchase or installation of their home concerning items within our statutory authority.

Instructions On Filing A Complaint

- Use black ink.
- List your complaints numerically.
- Enclose a copy of your purchase agreement or contract.
- A copy of the new home cosmetic walk-through form, if applicable
- A map with directions to your home

By providing all of the information requested on this form, you will ensure prompt processing of your complaint without any unnecessary delays.

In most cases, complaints received over one year from the date of purchase or installation are not within our statutory authority.

Please make all inquiries to this Office in writing.

B&FS-OMH 301 (Revised 4-01)

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Phoenix, AZ 85007

PLEASE PRINT OR TYPE

COMPLAINT

COMPLAINANT'S NAME: _____ Daytime Phone: () _____

Work Phone: () _____

Mailing Address: _____

CITY

STATE

ZIP

Unit Address: _____

CITY

STATE

ZIP

Name of mobile home park or subdivision: _____

MANUFACTURER: _____ Phone: _____

Address: _____

DEALER: _____ Phone: _____

Address: _____

Salesperson: _____

INSTALLER: _____ Phone: _____

Address: _____

THE UNIT IS:

NEW

USED

SERIAL #: _____

PURCHASE DATE: _____

INSTALLATION DATE: _____

I have enclosed a copy of my cosmetic walk-through form dated _____, a map, a copy of purchase agreement/contract

A cosmetic walk-through was not performed on my home.

ITEMIZE COMPLAINTS NUMERICALLY. IF ADDITIONAL SPACE IS NEEDED, USE 8 1/2" X 11" SIZED PAPER (one-sided).

1. _____

I HEREBY GIVE MY PERMISSION TO SEND A COPY OF THIS COMPLAINT TO THE LICENSEE(S) INVOLVED. AND IF MY COMPLAINT IS VERIFIED BY THIS OFFICE, I AGREE TO ALLOW THE LICENSEE(S) TO MAKE APPROPRIATE CORRECTIONS.

COMPLAINANT'S SIGNATURE

DATE