

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112 (option 3)

Office Location: 1400 E. Washington Avenue
 Madison, WI 53703
E-Mail: DSPSSbManfHomes@wi.gov
Website: <http://dsps.wi.gov>

MANUFACTURED HOME / OWNER RECORD INFORMATION REQUEST

This request must be completed before information about a Wisconsin manufactured home/owner record can be obtained.
 Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.
You cannot use this form to obtain a copy of a title, if you need to request a replacement for a title, use form SBD-10687.

Section A – Requester Information

Name – Firm or Corporation		(Area Code) Telephone Number	
Name – Person Completing This Form		(Area Code) Telephone Number	
Street Address	City	State	Zip Code
Mailing Address (If Different from Above)	City	State	Zip Code

Section B – Request for Record Information – Complete if requesting individual owner/home records only.

I (we) request the following Manufactured Home Record Information:

Search for Home Information by Owner Name

	Current	History
1	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>

Search for Ownership Information, based upon Manufactured Home Information

Manufactured Home Serial Number	Year	Make	Size	Body Width Body Length	Information Requested	
					Current	History
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>

Comments – Please be specific when describing you request, for example, a complete history, current owner only, etc.

X _____
 (Requester Signature)

 (Date Signed)

Fees: (Class Code-8200)

\$3.00 per owner, or home, or DisID record and \$0.25 per photocopy.
 An additional fee of \$3.00 is required for certification of documents.

Make check or money order payable to: **Department of Safety and Professional Services**

NOTE: Incomplete or incorrect information provided in section “B” may result in an additional \$3 fee per record.

Mail to: Department of Safety and Professional Services
 (Attach completed request and fee) Manufactured Home Unit
 PO Box 8935
 Madison, WI 53708-8935

This form may be photocopied for future use.

Please attach a stamped, self-addressed envelope for return of the requested information.