



Manufactured Home Communities Agent Change Form

Department of Safety and
Professional Services
Manufactured Home Unit
P.O. Box 1355
Madison, WI 53701-1355
Phone: (608) 264-9596

| | |
|--------------------------|--------------|
| Agent Name | |
| Effective Date of Change | License Year |

Type of Change (Check One)

| | |
|--|---|
| <input type="radio"/> New Community | <input type="radio"/> Change of Community Name |
| <input type="radio"/> Reinstate Community | <input type="radio"/> Change of Community Address |
| <input type="radio"/> Increase Sites from _____ to _____ | <input type="radio"/> Change of Owner Name |
| <input type="radio"/> Complaint | <input type="radio"/> Change of Owner Address |

New Community Information

| | |
|----------------|---|
| Community Name | Community ID No. |
| Street | P.O. Box |
| City/State/Zip | |
| No. Of Sites | Water: <input type="radio"/> Public <input type="radio"/> Private Septic: <input type="radio"/> Public <input type="radio"/> Private |

New Owner Information

| | |
|----------------|------------------|
| Owner Name | Community ID No. |
| Street | P.O. Box |
| City/State/Zip | |

Comments
