



**MANUFACTURED HOME / OWNER
RECORD INFORMATION REQUEST**

Department of Safety &
Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935

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.

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 record information:

Manufactured Home Record Information – Please explain request in the Comments area below.

Full Name of Person about whom records(s) are being requested

1 _____

2 _____

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"/>
3					<input type="checkbox"/>	<input type="checkbox"/>

Comments – Please be specific when describing your 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: **State of WI - DSPS**

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

Send application and payment to: State of Wisconsin, Department of Safety & Professional Services- Manufactured Homes, P.O. Box 8935, Madison, WI 53708-8935

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