



**MANUFACTURED HOME COMMUNITIES  
AGENT CHANGE FORM**

Department of Safety &  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935  
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"/> Reinstate Community <input type="radio"/> Increase Sites from _____ to _____ <input type="radio"/> Complaint	<input type="radio"/> Change of Community Name <input type="radio"/> Change of Community Address <input type="radio"/> Change of Owner Name <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**

---



---



---



---



---