

LEGAL NAME CHANGE/CORRECTION STATEMENT

**Manufactured Home Ownership
Your TITLE is required with this form.**

Wisconsin Department
of Safety and Professional
Services
s. 341.335 Wis.Stats.

| | |
|--|---|
| Name Change FROM | Name Change TO |
| Address | |
| City, State, Zip Code | Area Code and Telephone Number Between 7:30 and 4:30 PM Weekdays |
| 1. No fee is required for a name change or correction on your Certificate of Title. | Manufactured Home is now kept in <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town |
| 2. Return this form with your Certificate of title to: | COUNTY OF: |

**Dept. of Safety and Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935**

This form is to be used for legal name change, not a transfer.

My name has been legally changed or needs to be corrected.

X

(Print and Sign Form)