



**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="checkbox"/> New Community	<input type="checkbox"/> Change of Community Name
<input type="checkbox"/> Reinstate Community	<input type="checkbox"/> Change of Community Address
<input type="checkbox"/> Increase Sites from _____ to _____	<input type="checkbox"/> Change of Owner Name
<input type="checkbox"/> Complaint	<input type="checkbox"/> Change of Owner Address
<input type="checkbox"/> Community Closing – Date: _____	

NEW COMMUNITY INFORMATION

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

NEW OWNER INFORMATION

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

COMMENTS
