

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

MANUFACTURED HOUSING BOARD



Penny Vaillancourt Director

Joan F. Cohen Commissioner

PHONE: (207) 624-8612

FAX: (207) 624-8637

HUD MANUFACTURED HOME

Enclosed is a complaint form. Prior to filing your complaint, it is recommended that you contact the dealer and/or manufacturer, in writing, on problems that exist with your new home.

According to the Maine Manufactured Housing Warranties Act, 10 M.R.S.A. § 1404, "...the manufacturer or dealer or both shall take appropriate corrective action at the site of the home in instances of substantial defects in materials or workmanship.

If you have contacted the dealer and/or manufacturer and service work has not been scheduled or the problems continue to exist, send to Complaints Division, at the address above, as soon as possible. You may wish to make a copy for your personal records. Also, please send us a copy of your agreement and copies of all papers pertinent to your complaint.

NOTE: If you fail to provide the requested information, our investigation of your problems may be delayed.

Please be advised that the Manufactured Housing Board does not have jurisdiction on contractual issues.

24 CFR § 3282 Subpart I-Consumer complaint handling and remedial actions. Subpart I is for the life of the home and manufacturers are still accountable for any Subpart I-related issues.

The liability of manufactured home manufacturers to provide remedial actions under this subpart is limited by the principle that manufacturers are not responsible for failures that occur in manufactured homes or components solely as the result of normal wear and aging, gross and unforeseeable consumer abuse, or unforeseeable neglect of maintenance.



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MANUFACTURED HOUSING HUD COMPLAINT FORM

Name		
Address		
	(Street)	
(City or Town)	(State/Zip Code)	(County)
E-Mail Address		
Home Telephone ()	Day Time Telephone ()	Cell Telephone ()
Maine Warranty Label Number	·	
Installation Warranty Label Nu	mber	
*All Labels are normally locat	ed under the kitchen sink cabinet	
Manufacturer		
Plant Location		
Dealer Name		
(Street)	(City or Town)	(State/Zip Code)
Date of Manufacture	Model #	Serial #
Date Installed		
Installer (if other than the deale	r)	
Has manufacturer and/or dealer	been contacted?List dates_	
Have you previously filed a cor Please list the specific compla		so, list dates
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Janet T. Mills Governor

Penny Vaillancourt Director

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(ATTACH ADDITIONAL SHEETS IF NECESSARY)	
(Complainant's Signature)	(Date)