



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
MANUFACTURED HOUSING BOARD



Janet T. Mills
Governor

Penny Vaillancourt
Director

Joan F. Cohen
Commissioner

MANUFACTURED HOUSING COMMUNITY

Enclosed is a complaint form. Prior to filing your complaint, we recommend that you contact the community owner, in writing, regarding the health and safety issues that exist in the manufactured housing community.

Please be advised that The Manufactured Housing Board does not have statutory authority to handle landlord/tenant issues in manufactured housing communities. You may contact the Maine Office of the Attorney General at (207) 626-8800.

If you have contacted the community owner and 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 all papers pertinent to your complaint.

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

MRS Title 10, Chapter 951, Subchapter 6 § 9086 Right of Entry and Inspection

The Board and any duly designated officer or employee thereof may enter upon the premises of any manufactured housing community licensed pursuant to this subchapter at any reasonable time in order to determine the state of compliance with this subchapter and any rules in force pursuant to this subchapter.



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MANUFACTURED HOUSING COMMUNITY
COMPLAINT FORM

Name: _____

Address: _____
(Street)

(City or Town) (State/Zip Code) (County)

E-Mail Address: _____

Home Telephone: () _____ Day Time Telephone: () _____ Cell Telephone: () _____

Manufactured Housing Community Information

Community Name: _____

Community Owner: _____

Community Address:

(Street) (City or Town) (State/Zip Code)

Park Manager: _____

Has the community owner been contacted? List dates: _____

Have you previously filed a complaint with this Board? _____ If so, list dates: _____

Please list the specific complaint items below:

1. _____



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2. _____

3. _____

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5. _____

6. _____

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8. _____

9. _____

10. _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

Complainant's Signature

Date