



Janet T. Mills  
Governor

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



Joan F. Cohen  
Commissioner

Penny Vaillancourt  
Director

## 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. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date