



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
MANUFACTURED HOUSING BOARD
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
TTY/HEARING IMPAIRED (888) 577-6690

Paul R. LePage
GOVERNOR

Anne L. Head
DIRECTOR
Robert LeClair
EXECUTIVE DIRECTOR

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, which become evident within one year from the date of the delivery of the home to the consumer, provided the consumer or his transferee gives written notice of such defects to the manufacturer or dealer at their business address not later than one year and 10 days after date of delivery..."*

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 cosmetic, contractual or issues that are beyond the warranty period.

OFFICE PHONE (207) 624-8612
OFFICE PHONE (207) 624-8618

EXECUTIVE DIRECTOR (207) 624-8678
ROBERT.V.LECLAIR@MAINE.GOV



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FAX: (207)624-8637

PHYSICAL LOCATION: 76 NORTHERN AVENUE,
GARDINER, MAINE 04345



Manufactured Housing Board
Complaints and Investigations Division
35 State House Station
Augusta Maine 04333
(207) 624-8612

Office Located at:
76 Northern Avenue
Gardiner ME

MANUFACTURED HOUSING COMPLAINT FORM

Name _____

Address _____
(Street)

(City or Town) (State/Zip Code)

(County)

E-Mail _____

Address

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

Type of Unit: (Mobile ___) (Modular ___) (Other ___) If other, please explain. _____

State Certification Label Number (Modular Only) _____

Maine Warranty Label Number (Modular and Mobile) _____

Installation Warranty Label Number (Modular and Mobile) _____

***All Labels are normally located under the kitchen sink cabinet**

Manufacturer _____

Plant Location _____

Date of Manufacture _____ Model # _____ Serial # _____

Purchased From _____

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

(State/Zip

Purchase Date _____

Installer (if other than the dealer) _____

Has manufacturer and/or dealer 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. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

(Complainant's Signature)

(Date)