



**RETAILER/INSTALLER'S  
WEEKLY REPORT  
FOR  
MANUFACTURED HOME  
INSTALLATIONS**

1. Please type or print legibly.
2. Complete **all** columns.
3. DISTRIBUTION
  - a. Department
  - b. Retain copy for records

Report for Week of Monday, \_\_\_\_\_  
Month/Date/Year

Page \_\_\_\_ of \_\_\_\_

Retailer     Installer    **(Check one)**

License ID Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Phone No: \_\_\_\_\_

Street Address: \_\_\_\_\_

Fax No: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

**INSTALLATIONS PERFORMED THIS WEEK**

DECAL # Place label here	DATE OF COMPLETION	SERIAL # (or HUD label # if n/a)	CONSUMER	STREET ADDRESS	CITY

**INSTALLATIONS SCHEDULED NEXT WEEK**

SCHEDULED START DATE	SERIAL #	CONSUMER	STREET ADDRESS	CITY

**Mail report to:** Dept. of Commerce & Insurance, Manufactured Housing Section  
500 James Robertson Pkwy, 10<sup>th</sup> Floor  
Nashville, TN 37243-1162

**Or fax report to:** 615-741-9388

- \* **REPORT TO BE SUBMITTED FOR EACH WEEK THAT ANY INSTALLATIONS WERE COMPLETED OR SCHEDULED.**
- \* **BLANK REPORTS NOT REQUIRED.**