

Weekly Installation Report

Rep	ort	for	Week	of:					

Please complete all sections below. If the home was a private sale, please mark N/A for retailer.

Name of Installer:	Name of Retailer:
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Tel:	
Fax:	Fax:
Email:	
License #:	
Authorized Representative:	Authorized Representative:

Tenn. Code Ann. § 68-126-406(e) requires each installer to submit a report on at least a weekly basis describing the homes installed that week.

Decal Number	Date Decal Purchased	New or Used Home	Date of Completion	HUD Label or Serial #	Consumer Name and Phone Number	Consumer Address	City, County
(Place Label Here)							

Notes:

Mail report to:

Department of Commerce & Insurance Manufactured Housing Section, 10th Floor 500 James Robertson Pkwy Nashville, TN 37243-1162 Or email report to: Manufactured.Housing@tn.gov Please retain a copy for your records.



IN-1930 RDA 2225



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By signing below, I certify that I have completed this report in good faith and all information included herein is correct and true to the best of my
knowledge. Any false statements or misrepresentations on this application may be cause for disciplinary action pursuant to T.C.A. § 68-126-410.

Mail report to:
Department of Commerce & Insurance
Manufactured Housing Section, 10th Floor
500 James Robertson Pkwy
Nashville, TN 37243-1162

Or email report to: Manufactured.Housing@tn.gov Please retain a copy for your records.



IN-1930 RDA 2225