



Dispute Resolution Form

Dispute Resolution:

The Department of Commerce, Division of Industrial Compliance (“DIC”) offers Dispute Resolution Services only for the following:

1. Warranty issues involving new manufactured homes.
2. Correction or Repair of Defects in manufactured housing.
3. Installation of manufactured housing as performed by a DIC licensed Installer.

The request for Dispute Resolution Services must be received by the Division of Industrial Compliance within one year from the date the home was installed. If you qualify for Dispute Resolution Services, the Division of Industrial Compliance will forward your case to the Division of Real Estate and Professional Licensing for pursuit of Dispute Resolution.

Section 1: Property Information (Please Print)

Name of Community:			Park License Number:
Property Address:			Business Phone Number:
City:	State:	ZIP Code:	County:
Email:			Lot Number:

Manufactured Home Identification Information

Serial Number:	HUD Label Number:	Length:
Width:	Double Wide or Single Wide?	Seal Number:
Approximate Delivery Date:		

Was this home moved from its original set-up/installation site? Yes No



If yes, please list previous location:

Address:			
City:	State:	ZIP Code:	County:

Section 2: Owner Information (Please Print)

Park Operator/Manager Name:	Phone:
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Section 3: Installer Information (Please Print)

Name:		Phone Number:	
Business/Company Name:		Email:	
Address:		County:	
City:	State:	ZIP Code:	

Section 4: Retail Dealership Information (Please Print)

Name:		Phone Number:	
Address:		County:	
City:	State:	ZIP Code:	

Section 5: Manufacturer Information (Please Print)

Name:		Phone Number:	
Address:		County:	
City:	State:	ZIP Code:	



Section 6: Inspection Agency Information (Please Print)

Inspector Name:		Phone:	
Inspection Agency/Health District:		Permit Number:	
Address:		County:	
City:	State:	ZIP Code:	

Have you spoken to any member of the local authority about the situation? If so, please list names, titles and phone numbers:

Section 7: Complainant Information (Please Print)

Name/Business Name:			Title/License/Certification Number:	
Address:			Phone Number:	
City:	State:	ZIP Code:	County:	
Phone:		Email:		

Do you rent or own your manufactured home? (Not including lot) Rent Own



Section 8: Complaint Description (Please Print)

Section 9: Acknowledgement and Signature

I hereby certify that that the information given above is true to the best of my knowledge and belief.

Complainant Signature:	Date:
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Public Information Disclosure: Pursuant to Chapter 149 of the Ohio Revised Code, please be advised that information submitted in this form may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.