MODULAR RETAILER MONTHLY SALES/LEASING REPORT

FROM:

LICENSE NO: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____

SUBMIT BY: **10th of the following month**

TO: ALABAMA MANUFACTURED HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH (334)242-4036 FAX (334) 240-3178

I certify that the following manufactured buildings were sold during the month of: _____, 20 _____

SIGNED: _____

COMPLETE INSIGNIA NUMBER	COMPLETE MANUFACTURER'S MODEL NUMER	MANUFACTURER'S NAME	NEW/USED	YEAR MFD.	SALESPERSON LICENSE NUMBER	BUYER/ LEASEE	SITE LOCATION COMPLETE ADDRESS	INSTALLER CERT. NUMBER