RETAILER MONTHLY USED SALES REPORT

| FROM: | LICENSE NO: NAME: | | | SUBMIT BY of Month To: | STATE OF ALABAMA ALABAMA MANUFACTURED HOUSING COMMISSION 350 SOUTH DECATUR STREET MONTGOMERY, ALABAMA 36104 TELEPHONE: (334) 242-4036 FAX (334) 240-3178 | | | |
|-------|----------------------|--|---|------------------------------|--|------|--|--|
| | ADDRESS: | | | | I certify that the following manufactured homes were sold | | | |
| | | | - | | during the month of | , 20 | | |
| | PHONE: | | - | | | | | |

SIGNED: _____

| COMPLETE HUD LABEL NUMBER | COMPLETE MANUFACTURER'S SERIAL NUMBER | RESALE DECAL NUMBER | SOLD TO | SITE LOCATION COMPLETE ADDRESS | Salesperson LICENSE NUMBER | MFR: NAME, CITY, STATE | INSTALLER CERTIFICATION NUMBER | YEAR MFD | LENGTH | WIDTH |
|---------------------------------|---|------------------------|---------|-----------------------------------|----------------------------------|---------------------------|--------------------------------------|-------------|--------|-------|
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