

# Wisconsin Department of Safety and Professional Services

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## MANUFACTURED HOME COMMUNITIES AGENT CHANGE FORM

Agent Name	
Effective Date of Change	License Year

### TYPE OF CHANGE (CHECK ONE)

<input type="radio"/> New Community	<input type="radio"/> Change of Community Name
<input type="radio"/> Reinstate Community	<input type="radio"/> Change of Community Address
<input type="radio"/> Increase Sites from _____ to _____	<input type="radio"/> Change of Owner Name
<input type="radio"/> Complaint	<input type="radio"/> Change of Owner Address
<input type="radio"/> Community Closing – Date: _____	

### NEW COMMUNITY INFORMATION

Community Name	Community ID No.
Street	P.O. Box
City/State/Zip	
Park Phone No	Other Phone No
No. Of Sites	Water: <input type="radio"/> Public <input type="radio"/> Private Septic: <input type="radio"/> Public <input type="radio"/> Private

### NEW OWNER INFORMATION

Owner Name	Community ID No.
Street	P.O. Box
City/State/Zip	Owner Phone No

### COMMENTS

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