

# ARIZONA OFFICE OF MANUFACTURED HOUSING

A DIVISION OF ARIZONA DEPARTMENT OF HOUSING

1110 WEST WASHINGTON, SUITE 280

PHOENIX, ARIZONA 85007

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(602) 771-1002 FAX

## MONTHLY REPORT

Name and Address of Jurisdiction Office: (Please Type or Print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reporting Month \_\_\_\_\_

\_\_\_\_\_  
(Area Code) (Telephone Number)

Submitted by (Print Name)

(Date)

PERMITS ISSUED		FEES	PERMITS FINALED	
FBB COMMERCIAL			FBB COMMERCIAL	
FBB RESIDENTIAL			FBB RESIDENTIAL	
MFG. HOME			MFG. HOME	

Only complete the section below when final inspection is completed.

HUD Label, FBB Insignia or Rehabilitation Insignia Number	Unit Serial Number	Installer/ROC Contractor License Number	Installation Address	Final Insp. Date

Report is due on or before the 15<sup>th</sup> following the reporting month.