

MANUFACTURER DUES PROGRAM

HUD CODE/MODULAR HOMES

MONTHLY SHIPMENT REPORT

Please submit this report monthly even if there were no shipments

This is the only form accepted by the State of Maryland

MONTH _____

YEAR _____

Company Name _____

Address _____

City _____

Telephone number _____

Email Address _____

Print or Type Contact Name _____

Number of HUD-Code Single Section Homes Shipped into Maryland _____

Number of HUD-Code Multi-Section Floors Shipped into Maryland _____

Number of Modular Floors Shipped into Maryland _____
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Number of Homes X \$100 = _____ Subtotal

Number of Floors X \$100 = _____ Subtotal
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Number of Floors X \$100 = _____ Subtotal
--

_____ TOTAL

The section below is very important. Please provide all information requested.

Retailer(s) Shipped To:

Name	Address	Serial Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use additional sheet(s) if necessary)

RETURN TO: MHIM Manufactured Dues

P.O. Box 78

Pinto, MD 21556

Please contact the MHIM Office at 1-888-644-6363 with any questions.