

AFFIDAVIT / CORRECTION STATEMENT

BLOCK 1: Installer / Transporter Information

Company Name: _____

Telephone No.: _____ License No.: _____

BLOCK 2: Home Owner Information

Name: _____

Address: _____

Decal No.: _____ Telephone No.: _____ Serial No.: _____

BLOCK 3: Items to be Corrected

BLOCK 4: Statement of Facts

The undersigned hereby certifies that all corrections have been made and the above home has been installed in accordance with the Rules and Regulations for the Uniform Standards Code for Factory-Built Homes Law, Section 75-49-1, et seq., Mississippi Code, 1972, as amended.

(Please mail to: State Fire Marshal's Office, P. O. Box 79, Jackson, MS 39205 or fax to (601) 359-1076)

BLOCK 5: Signature (Notarization is REQUIRED)

(Signature of installer or authorized representative)

(Printed name and title of installer or authorized representative)

Before me personally appeared the person (s) whose signature (s) appear above, who by being sworn, upon oath, say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____ 20_____.

(Name of Notary Public)

SEAL

(Commission Expires)

Notary Public State of Mississippi