

**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 <b>Homes</b> Shipped into Maryland  _____
---

Number of HUD-Code Multi-Section <b>Floors</b> Shipped into Maryland  _____
---

Number of Modular <b>Floors</b> Shipped into Maryland  _____
--

Number of <b>Homes</b> X \$100 =  _____ Subtotal
---

Number of <b>Floors</b> X \$100 =  _____ Subtotal
--

Number of <b>Floors</b> X \$100 =  _____ Subtotal
--

_____ <b>TOTAL</b>
-----------------------

*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.**