BRITISH COLUMBIA	BC Registry Services			ORRECTION red Home Act
elephone: 1 877 526-1526 mail : bcregistries@gov.bc.ca	5	Box 9431 Stn Prov Govt toria BC V8W 9V3	Courier Address: 200 – Victor	940 Blanshard Street a BC V8W 3E6
UBMITTING PARTY: Please scan and em	nail to bcregistries@gov.bc.	са	Freedom of Informatio	n and Protection of Privacy Act
IAME			(FOIPPA) – Personal inf	prmation provided on this form is closed under the authority of the
55577			FOIPPA and the Manufa	<i>ctured Home Act</i> for the purposes ns regarding the collection, use
			to the Executive Coordi	nal information can be directed nator of the BC Registry Services
ITY/PROVINCE/POSTAL CODE			at 1 877 526-1526, PO E BC V8W 9V3.	Box 9431 Stn Prov Govt, Victoria
ELEPHONE NO.	EMAIL			
. MANUFACTURED HOME REGISTRAT	TION #:	REGISTERED OWNER S	URNAME:	
MUST COMPLETE S	ECTION 1 AND EITHER SE	CTIONS 2, 3, OR 4. SUBM	IT ADDITIONAL FORM IF N	IECESSARY
. CORRECT LOCATION - no fee for Se	ction B location correction	5		
STREET NO. STREET NAME	ET NO. STREET NAME CITY / TOWN / VILLAGE / MUNICIPALITY		INICIPALITY	PROVINCE
2. MANUFACTURED HOME LOCATED I PAD NO.	N A MANUFACTURED HON	IE PARK		
3. MANUFACTURED HOME LOCATED A	T A DEALER'S SALES LOT C	R MANUFACTURER'S LOT		
DEALER NAME				
4. MANUFACTURED HOME LOCATED OF	N LAND OR PRIVATE STRATA	LOT		
PID LOT/STRATA	PARCEL	BLOCK	ISTRICT LOT	RT OF
SECTION   TOWNSHIP	RANGE   MERIDI	AN LAND DISTRICT	PLAN	
5. a.) Reservation Name		b.) Identity Nu	mber	
6. Addtion location information (i.	e directions or landmar			
		is of storage facility flat		
Do the home owners own the la	and on which the home	sits or have a registered	l lease of not less than 3	years? YES NO
7. Did the manufactured home mo	ove within the manufac	tured home park?	YES NO N/A	
8. Did the manufactured home mo	ove to a different locatio	n than stated on the tra	ansport permit? YES	NO N/A
If manufactured home changed location w application.	vithout a permit, complete a	Change in Registered Locati	ion of a Manufactured Home,	REG 713, instead of this
OTHER CHANGES - A fee of \$15 app	plies to the following char	nges **MUST INCLUDE F	PHOTO EVIDENCE**	
Maria da ata maria		Year Manu		
			hor (or Tachnical Cafet - D	
- · · · · ·		CSA NUM	ber (or Technical Safety B	. 10001)
		Other		
. PERSON COMPLETING FORM:				

REGISTERED OWNER/AGENT NAME – please print	SIGNATURE	DATE SIGNED YYYY / MM / DD
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