



CITY OF BULLHEAD CITY
DEVELOPMENT SERVICES
2355 TRANE RD
BULLHEAD CITY, AZ 86442
PLANNING 928-763-0123 BUILDING 928-763-0124

MANUFACTURED HOME UTILITY TESTING REPORT FORM

Owner's Name: _____

Installation Address: _____

Manufacture's Name: _____ **Serial Number:** _____

HUD Number: _____ **Insignia Number:** _____

Home Installer's Name: _____ **License Number:** _____

Installer Address: _____

Dealer's Name: _____ **License Number:** _____

Dealer's Address: _____

► ALL TESTS SHALL BE DONE TO THE 3285'S AND 3280'S OF THE FEDERAL REGISTER ◀

WATER TEST (3280.612): _____

SEWER TEST (3280.612): _____

ELECTRICIAL TEST (3285.701): _____

GAS TEST (3280.705): _____

Installer's Signature: _____ **Date:** _____

Notes or Comments: _____

Federal Register Installation

Standards: Water – 3285.603

Sewer – 3285.604

Electrical – 3285.701

Gas – 3285.605

► COMPLETED COPY TO BE PLACED IN FIELD FOLDER FOR INSPECTOR USE ◀