

VIRGINIA STATE BUILDING CODES OFFICE
INDUSTRIALIZED BUILDING

CONSUMER COMPLAINT FORM

Print Name of person submitting complaint: _____

Signature: _____ Date: _____

Building Owner Information:

Owner: _____

Site Location-Street address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

E-mail address: _____

Date Certificate of Occupancy issued: _____ Date purchased: _____

Date delivered to site location: _____

Additional Information - Mailing Address if Different from Site Address:

Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Daytime phone: _____ Evening or weekend phone: _____

E-mail address: _____

Manufacturer of Building:

Name of manufacturer: _____

Name of contact person at plant (if known): _____

Street address: _____

City: _____ State: _____ Zip code: _____

Telephone: _____

Data Plate Information:

Serial number: _____

Virginia certification seal No.: _____

Date manufactured: _____

