

MANUFACTURED HOME TAX CLEARANCE APPLICATION FORM

(Please print or type - **complete sections one through three**, if information is not applicable, please indicate by marking N/A in the space provided)

SECTION ONE: CONTACT PERSON OR AGENT INFORMATION

PERSON OR AGENT'S NAME REQUESTING TAX CLEARANCE _____ TELEPHONE NUMBER: _____
(IF YOU WISH THIS TO BE FAXED BACK TO YOU PLEASE PROVIDE FAX NUMBER) **FAX NUMBER** _____
ADDRESS TO MAIL TAX CLEARANCE: _____
ESCROW NUMBER: _____ TITLE COMPANY NAME: _____

SECTION TWO: INFORMATION ABOUT THE MANUFACTURED HOME

ASSESSOR'S PARCEL NUMBER: _____ DECAL OR LICENSE NUMBER: _____
SERIAL NUMBER(S): _____
MAKE/MODEL/ YEAR OF MOBILE HOME: _____ CONDITION (Good, Fair or Poor) _____
SIZE: LENGTH (in feet): _____ WIDTH (in feet): _____ NUMBER OF UNITS: _____
LIST ACCESSORIES INCLUDED (AWNINGS, PATIOS, STORAGE SHEDS ETC - INCLUDE DIMENSIONS) : _____
CURRENT LOCATION: _____ HOW LONG AT THIS LOCATION?: _____
IF TO BE MOVED, GIVE FUTURE LOCATION: _____ DATE TO BE MOVED: _____

SECTION THREE: OWNERSHIP AND SALE INFORMATION

SELLER(S) NAME AND ADDRESS - (REGISTERED OWNER(S) ON TAX ROLL): _____

BUYER(S) NAME AND MAILING ADDRESS (ADDRESS TO MAIL TAX BILL): _____

IF MORE THAN ONE NEW OWNER, PLEASE COMPLETE INFORMATION ON HOW TITLE WILL BE HELD (See H.C.D FORM 483.1, known as "DESIGNATION OF CO-OWNER TERM") - CHECK ONE BOX : JTRS, TENCOM AND, TENCOM OR, COMM PROP
SALES PRICE \$: _____ DATE OF SALE: _____ NEW OWNER TELEPHONE _____

SECTION FOUR: (THIS SECTION TO BE COMPLETED BY TAX COLLECTOR) AMOUNTS DUE PRIOR TO ISSUANCE OF TAX CLEARANCE CERTIFICATE

TAX ASSESSMENT NUMBER(S): _____ FISCAL YEAR: _____ AMOUNT DUE \$ _____
_____ FISCAL YEAR _____ AMOUNT DUE \$ _____
_____ FISCAL YEAR _____ AMOUNT DUE \$ _____
ESTIMATED TAXES DUE - FISCAL YEAR _____ AMOUNT DUE \$ _____

*** TOTAL DUE - TO OBTAIN TAX CLEARANCE \$**

BY: _____
Deputy Tax Collector

* TOTAL AMOUNT DUE MUST BE PAID BY DATE: _____
IF NOT SO PAID, CONTACT TAX COLLECTOR FOR NEW AMOUNT.

(MHCLEAR REVISED 2/2006)