

MOBILE HOME DATA REQUEST FORM

Park Name: _____ Lot #: _____

Parcel #: _____

OWNER INFORMATION

Name (1st Person) **Please Print**

Social Security #

Name (2nd Person) **Please Print**

Social Security #

Address tax statement should be sent to:

Telephone #

Signature

Date

Signature

Date

MOBILE HOME SALE INFORMATION

Seller's Name **Please Print**

Date of Purchase

Purchase Price

If this mobile home was moved in please complete A & B

A. Moving Cost

B. Moved From

MOBILE HOME INFORMATION

Length & Width without hitch _____

Year _____

Manufacturer _____

VIN # _____

FOR OFFICE USE

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Address Change | <input type="checkbox"/> New Parcel | <input type="checkbox"/> Taxes Paid & Current | <input type="checkbox"/> Taypayer Only |
| <input type="checkbox"/> Parcel Deletion Needed | <input type="checkbox"/> Transfer from PP to RE | <input type="checkbox"/> Transfer from RE to PP | <input type="checkbox"/> Taypayer & Owner |