

MOBILE HOME TAX CLEARANCE REQUEST FORM
COUNTY OF BUTTE

DATE OF REQUEST: _____ REASON FOR REQUEST: (PLEASE SPECIFY) _____

(i.e.: INTO TRUST, ADD TO / REMOVE FROM TITLE, PRIVATE SALE, NAME CHANGE, PARENT TO CHILD, OTHER)

MOBILE HOME ASMT #: _____

PARCEL ASMT#: _____

MANUFACTURER: _____

YEAR OF MANUFACTURE: _____

LICENSE/DECAL NUMBER: _____

SERIAL NUMBER(s) #: _____

SALES PRICE \$: _____

#: _____

NAME & ADDRESS OF CURRENT REGISTERED OWNER (SELLER)

CURRENT LOCATION OF MOBILE

OWNER CONTACT PHONE # _____

NAME & ADDRESS OF BUYER – FOR FUTURE TAX BILL MAILINGS

NEW LOCATION OF MOBILE IF APPLICABLE

BUYER CONTACT PHONE # _____

WHEN THE CLEARANCE CERTIFICATE IS COMPLETE, WOULD YOU LIKE TO HAVE IT: PICKED UP OR MAILED (CIRCLE ONE)
MAIL TO:

ESCROW OR ATTORNEY NAME & ADDRESS ESCROW NUMBER NAME & PHONE NUMBER OF ESCROW CONTACT

**PLEASE COMPLETE AND SUBMIT THIS FORM, ALONG WITH A COPY OF YOUR CERTIFICATE OF TITLE,
IN ONE OF THE FOLLOWING WAYS:**

MAIL TO: BUTTE COUNTY TAX COLLECTOR
25 COUNTY CENTER DR. SUITE 125
OROVILLE, CA. 95965

FAX TO: (530) 538-6551
EMAIL TO: taxes@buttecounty.net
CONTACT US: (530) 538-7701

PLEASE DO NOT WRITE BELOW THIS LINE - FOR TAX COLLECTOR'S USE ONLY

RECORD #	CURRENT YEAR: ___ / ___	1 ST \$	2 ND \$	\$
TR #	EST. MH TAXES 20__ / 20__			\$
DEMAND FROM C. C. DONE: Y N	PRIOR TAX YEAR(S)			\$
ESTIMATE BASED ON SALES PRICE: Y N	TOTAL AMOUNT DUE:			\$
SYSTEM VALUE: Y N				