

MOBILE HOME TAX CLEARANCE REQUEST FORM

DATE OF REQUEST:

REASON FOR REQUEST: (PLEASE SPECIFY)

(EXAMPLES: 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 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) 552-3720

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

RECORD #

CURRENT YEAR: 20 /20 1ST 2ND

TR #

EST. MH TAXES: 20 /20

DEMAND FROM CC. DONE: Y N

PRIOR TAX YEAR(S)

ESTIMATE BASED ON SALES PRICE: Y N

TOTAL AMOUNT DUE:

SYSTEM VALUE: Y N