

FOR ASSESSOR STAFF USE ONLY		PARCEL # ASSIGNMENT	
Date:		New MH Parcel Number:	_____
Staff:		OR	
Records created by:	Date:	MH to be assessed on	_____
For Tax year:		Land Parcel Number:	_____

MOBILE HOME DATA SHEET

This data sheet must be completed in full BEFORE a parcel number can be assigned.

- Title Elimination *Check only if title has been or will be eliminated.*
(If box is checked, Mobile Home will be assessed to Land Parcel Number.)

REQUIRED ATTACHMENTS:

- Copy of Mobile Home Title **OR** copy of Purchase Agreement (if new)
 Used Mobile: Tax certificate of MH Movement (within State)
 Moving from _____ County.

Mobile Home Owner		
Mailing Address City, ST zip		
Daytime Phone	()	
Location Address		
Land Owner		
Parcel Number		
MH Park Name		Space #

Check all that apply: New Well New Septic Existing Well Existing Septic

Make:	Model:	Year:
Serial No.:	(Triple Wide only)	
TPO #:	Total Living Area in Square Feet:	
Size: Singlewide Doublewide (Circle One)	Length:	Width:

Dealer/Previous Owner		
Purchase Price (without tax):	Date of Purchase:	Date of Delivery:

Accessories

Identify Size of: Detached Garage: _____ Attached Garage: _____ Carport: _____

List Miscellaneous Accessories: