



Lauren Klein

Treasurer / Tax Collector

P. O. Box 859, Modesto, CA 95353-0859

Phone: 209.525.6388 Fax: 209.525.7868

MOBILE HOME TAX CLEARANCE APPLICATION

(Please fill out all sections below. If not applicable, please indicate by marking N/A in the space provided. Thank you.)

REQUESTING AGENCY: _____ DATE: _____

NAME: _____ ESCROW NUMBER: _____

PHONE NUMBER: _____ FAX NUMBER: _____ SALE PRICE: _____

SERIAL NUMBER: _____ DECAL NUMBER: _____

MAKE: _____ MODEL: _____ DATE OF MANUFACTURE: _____

CURRENT LOCATION OF MOBILE HOME (on the tax roll): _____

FUTURE LOCATION OF MOBILE HOME: _____

NAME OF CURRENT OWNER: _____

NAME AND MAILING ADDRESS OF NEW OWNER: _____

IS THIS A TRANSFER BETWEEN SPOUSES OR PARENT AND CHILD: YES NO (Circle One)

If the estimate is short the amount needed to pay the upcoming tax year, I agree that I am responsible for paying the difference at the time I am notified of such shortage.

Signature of applicant

TAX COLLECTOR'S USE ONLY

ASSESSMENT NUMBER: _____ OLD ASMT NUMBER: _____

VALUE: \$ _____ / _____ TAXES: \$ _____

_____ / _____ TAXES: \$ _____

SUPPLEMENTAL TAXES: \$ _____

REVENUE RECOVERY: \$ _____

WE PRE-COLLECT TAXES FOR THE UPCOMING FISCAL YEAR BEGINNING ON DECEMBER 1ST. If processing an update, please verify that we have pre-collected the taxes if it is after December 1st.

ESTIMATED _____ / _____ TAXES: \$ _____

TOTAL AMOUNT NEEDED FOR CLEARANCE: GOOD THRU _____ \$ _____

TOTAL AMOUNT NEEDED FOR CLEARANCE: GOOD THRU _____ \$ _____

BY: _____ DATE: _____ CHECKED BY: _____ DATE: _____

PLEASE RETURN THIS APPLICATION WITH YOUR MONEY ORDER, CASHIER'S CHECK OR CASH FOR THE AMOUNT NEEDED SO WE MAY ISSUE YOU A MOBILE HOME TAX CLEARANCE CERTIFICATE