



TREASURER AND TAX COLLECTOR

Donna Riley
Treasurer and Tax Collector

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APPLICATION FOR MOBILE HOME TAX-CLEARANCE

Requesting Agency: _____ Date: _____

Name: _____ Escrow Number: _____

Phone Number: _____ Fax Number: _____ Email: _____

Make: _____ Model: _____

Serial Number: _____ Decal Number: _____

Date of Manufacture: _____ Sales Price: _____

Name of **Current** Owner: _____

Current Location of Mobile Home (On the Tax Roll): _____

Future Location of Mobile Home: _____

Name and Mailing Address of **New** Owner: _____

Is This A Transfer Between Spouses or Parent and Child: _____ Yes _____ No

If the estimated amount collected is insufficient to cover the entire tax bill for which it was collected, I agree that I am responsible for paying the difference at the time I am notified of such shortage.

Signature of buyer

**Please return this form with the total tax amount due indicated below to obtain the Tax Clearance Certificate.
Payment must be made with certified funds.**

For Office Use Only

ASSESSMENT NUMBER: _____ OLD ASMT NUMBER: _____

**REMEMBER TO PRE-COLLECT TAXES FOR
THE UPCOMING FISCAL YEAR BEGINNING ON
DECEMBER 1ST**

*If processing an update, verify pre-collection of the
taxes after December 1st.*

VALUE	\$
TAX YEAR /	\$
TAX YEAR /	\$
SUPPLEMENTAL TAXES	\$
REVENUE RECOVERY	\$
EST. / TAXES	\$

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

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BY: _____ DATE: _____

CHECKED BY: _____ DATE: _____