



**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 1<sup>ST</sup>**

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

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

**GOOD THROUGH: \_\_\_\_\_ TOTAL AMOUNT NEEDED FOR CLEARANCE: \$ \_\_\_\_\_**

**GOOD THROUGH: \_\_\_\_\_ TOTAL AMOUNT NEEDED FOR CLEARANCE: \$ \_\_\_\_\_**

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_