



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: \$ _____

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

BY: _____ DATE: _____

CHECKED BY: _____ DATE: _____