

# APPLICATION FOR MOBILEHOME TAX CLEARANCE CERTIFICATE

Reason for requesting (Sale, name change, financing, etc.) \_\_\_\_\_

Escrow# \_\_\_\_\_

Name and address of escrow company \_\_\_\_\_

## DESCRIPTION

Serial # \_\_\_\_\_ Year & Make \_\_\_\_\_  
 State # \_\_\_\_\_ Purchase Date \_\_\_\_\_  
 Decal # \_\_\_\_\_ Purchase Price \_\_\_\_\_

Registered Owner's Name \_\_\_\_\_ Purchaser's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

Legal Owner Address \_\_\_\_\_ Legal Owner Address \_\_\_\_\_

Current Location of Mobilehome Parcel# \_\_\_\_\_  
 Current Location of Mobilehome Parcel# \_\_\_\_\_

This transaction involves: Mobilehome only \_\_\_\_\_ Mobilehome and land \_\_\_\_\_  
 Date mobilehome was sold or moved \_\_\_\_\_  
 Date: \_\_\_\_\_

Return Completed Application To:

Mono County Tax Collector  
 P.O. Box 495  
 Bridgeport, CA 93547  
 760-932-5486  
 Fax 932-5481

Applicant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_

Phone# to contact of finished application: \_\_\_\_\_

Please allow 5 working days for processing

TAX COLLECTOR INFORMATION		ASSESSOR INFORMATION
Date:	Clerk Initials:	Date:
Value		APN
Tax Rate		TRA
199 Taxes		Roll yr.
Current		Date Added
Supplemental		Date Deleted
Delinquent		Supplemental
		Assessment
TOTAL:		Entry Month