

APPLICATION FOR MANUFACTURED HOUSING TAX CLEARANCE CERTIFICATE (from website)

Reason for requesting (Sale, name change, financing, etc.): _____
 This transaction involves: _____
 Unit(s) only: _____ Est. Date of sale or closing of escrow: _____
 Unit(s) and land: _____

Is there an escrow?: _____ Escrow#: _____ Escrow Officer Name : _____
 Name and address of Escrow Company: _____

DESCRIPTION OF MANUFACTURED HOUSING

Label/Serial #(s): _____ Year & Make: _____
 Insignia # : _____ Purchase Date: _____
 Decal # (s): _____ Purchase Price: _____
 Current Location of Unit(s): _____
 Parcel # : _____ # Of Unit(s): _____

OWNER/SELLER & LOCATION INFORMATION

Sellers (If different than registered owner)
 Name and address: _____
 Date Acquired: _____ Was Unit(s) Moved?: _____ Date Moved to Current Location : _____
 Date applied to HCD for change in ownership : _____

Information from current HCD registration/title

Registered Owner's: _____	Legal Owner (if there is a lien holder)
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____

NEW OWNER/PURCHASER & LOCATION INFORMATION

Name: _____	Legal Owner (if there will be a lien holder)
Mailing Address: _____	Name: _____
_____	Mailing Address: _____
Future Location of Unit(s): _____	_____
Parcel#: _____	
Applicant: _____	Title: _____
Address: _____	Phone #: _____
_____	Date: _____

Please allow 5 working days for processing

Return Completed Application to: TRINITY COUNTY TAX COLLECTOR
 P.O. Box 1297, Weaverville Ca 96093-1297 (530-623-1251)

Below areas to be completed by County departments

TAX COLLECTOR DEPARTMENT	ASSESSOR DEPARTMENT
Date: _____	Date: _____
Clerk Initials: _____	Clerk Initials: _____
Value	Is this MH assessed on the APN shown above:
Tax Rate	APN:
200_ Taxes	TRA:
Current	Roll yr.:
Supplemental	Date Added:
Delinquent	Date Deleted:
	Assessment:
TOTAL:	Entry Month: