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MOBILE HOME TAX CLEARANCE REQUEST FORM

COUNTY OF BUTTE

Use the TAB key to navigate within this form

DATE OF REQUEST: _____ REASON FOR REQUEST: (PLEASE SPECIFY) _____

(i.e.: INTO TRUST, ADD TO / REMOVE FROM TITLE, PRIVATE SALE, NAME CHANGE, PARENT TO CHILD, OTHER)

MAKE OF MOBILE HOME: _____ YEAR OF MANUFACTURE: _____

MOBILE HOME ASMT #: _____ PARCEL ASMT #: _____

WHEN THE CLEARANCE CERTIFICATE IS COMPLETE, WILL YOU BE PICKING IT UP OR WILL WE BE MAILING IT OUT?
IF MAILING, WHERE TO:_____

(i.e. OWNER, BUYER, TITLE COMPANY, ATTORNEY, OTHER – PLEASE PROVIDE COMPLETE MAILING ADDRESS, IF NOT LISTED BELOW.)

NAME & ADDRESS OF CURRENT REGISTERED OWNER (SELLER)

_____

_____

_____

CURRENT LOCATION OF HOME

_____

_____

_____

REGISTERED OWNER CONTACT PHONE # _____

MANUFACTURER'S SERIAL NUMBER	DECAL (LICENSE) NUMBER(S)	SALES PRICE

NAME & ADDRESS OF BUYER – FOR FUTURE TAX BILL MAILINGS

_____

_____

_____

LOCATION OF HOME AFTER ESCROW

_____

_____

_____

BUYER CONTACT PHONE # _____

ESCROW OR ATTORNEY NAME & ADDRESS	ESCROW NUMBER	NAME & PHONE NUMBER OF ESCROW CONTACT

PLEASE COMPLETE AND SUBMIT THIS FORM, ALONG WITH A COPY OF YOUR CERTIFICATE OF TITLE, IN ONE OF THE FOLLOWING WAYS:

MAIL TO: BUTTE COUNTY TAX COLLECTOR
25 COUNTY CENTER DR. SUITE 125
OROVILLE, CA. 95965

FAX TO: (530) 538-6551
EMAIL TO: taxes@buttecounty.net
CONTACT US: (530) 538-7701

PLEASE DO NOT WRITE BELOW THIS LINE - FOR TAX COLLECTOR'S USE ONLY

RECORD #

DEMAND DONE BY TAX COLLECTOR: Y N

DEMAND FROM C. C. DONE: Y N

DEMAND ATTACHED: Y N

ESTIMATE BASED ON SALES PRICE: Y N

CURRENT YEAR: 20__/20__ 1ST $ 2ND $ $

EST. MH TAXES 20__/20__ $

BACK TAXES/YEAR(S) $

TOTAL AMOUNT DUE: $

SYSTEM VALUE: Y N