

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
 PO Box 495
 Bridgeport, CA 93517
 760-932-5480
 760-932-5481

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	