

FOR ASSESSOR OFFICE DATE STAMP ONLY	PARCEL NUMBER ASSIGNMENT
	New MH Parcel Number: _____ <div style="text-align: center;">OR</div> MH to be assessed on Land Parcel Number: _____

MANUFACTURED HOME DATA SHEET

This data sheet must be completed **In Full** BEFORE a Parcel Number can be assigned.

☐ Title Elimination *Check only if title has been OR will be eliminated.*

Family Member Unit?

Required Attachments:

[] YES [] NO

☐ Copy of Manufactured Home Title **OR** Copy of Purchase Agreement (if new)

☐ Used Manufactured Home: Tax Certificate of Manufactured Home Movement (within state)

Moving From:

County

Manufactured Home Owner	
Mailing Address City, ST, Zip	
Daytime Phone	
Location Address	
Land Owner	
Parcel Number	
MH Park Name	Space#

Check all that apply ☐ New Well ☐ Existing Well ☐ New Septic ☐ Existing Septic

Make:	Model:	Year:
Serial #:	(Triple Wide Only) Total Living Area in Sq Ft:	
Size:		
Singlewide Doublewide (Circle one) Length: Width:		

Dealer/Previous Owner:		
Purchase Price (without tax): \$	Date of Purchase:	Date of Delivery:

Accessories

Identify Size of:

Detached Garage _____ Attached Garage _____ Carport _____

List Miscellaneous Accessories:

FOR ASSESSOR STAFF ONLY

Record created by: _____ Date: _____ For tax year: _____