



Mobile Home Tax Clearance Request

Requestor Information:

Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____
Street Address City State Zip Code

Mobile Home Information:

Decal Number: _____

Assessor's Parcel Number (APN): _____

Location of Home: _____
Street Address City State Zip Code

Owner's Name: _____

Mailing Address: _____
Street Address City State Zip Code

Applicant's Information:

Applicant's Name: _____

Mailing Address: _____
Street Address City State Zip Code