

MOBILE HOME REGISTRATION

ARE THERE ANY OTHER MOBILE HOMES ON THIS PARCEL? _____

NAME: _____

MAILING ADDRESS: _____
ADDRESS CITY STATE ZIP

DO YOU OWN THE PROPERTY WHERE THE HOME IS GOING TO BE LOCATED: YES / NO

PHYSICAL ADDRESS WHERE THE HOME WILL BE LOCATED: **MAP & PARCEL** _____

ADDRESS CITY STATE ZIP

PHONE NUMBER: _____ EMAIL: _____

PURCHASED FROM: _____

PHYSICAL ADDRESS WHERE THE HOME IS BEING MOVED FROM: _____

NAME & ADDRESS OF THE MOVERS: _____

COST OF THE HOME: \$ _____ SIZE: _____ X _____

MANUFACTURE: _____ MODEL: _____

SERIAL #: _____ YEAR MODEL: _____

SIDING: METAL OR VINYL FIREPLACE(S): _____ HEAT & AIR: CENTRAL OR OTHER

ROOF: METAL OR SHINGLE HOW MANY BATHROOMS: _____

CONDITION: EXCELLENT/VERY GOOD/GOOD/AVERAGE/FAIR/LOW COST

SIGNATURE OF APPLICANT