

# MANUFACTURED HOME TAX CLEARANCE REQUEST FORM

SELLER / CURRENT OWNER'S NAME		
Last Name	First	MI
Last Name	First	MI
<b>Seller's Current Mailing Address:</b>		
_____		
_____		
<b>Seller's Mailing Address After Sale/Change of Title:</b>		
_____		
_____		

NEW OWNER		
Last Name	First	MI
Last Name	First	MI
<b>New Owner's Mailing Address Before Sale:</b>		
_____		
_____		
<b>New Owner's Mailing Address After Sale/Change of Title:</b>		
_____		
_____		

EXEMPTIONS		
1. Is this a transfer between husband and wife?	YES	NO
2. Is this a transfer between parent and child?	YES	NO <i>If yes, you are required to submit the Parent-Child Exclusion form.</i>
3. Is this a transfer to active military personnel?	YES	NO <i>If yes, please submit LES (Leave &amp; Earning Statement) &amp; SSCRA (Servicemembers Civil Relief Act Declaration). SSCRA will be provided only upon request.</i>
4. Is this a transfer to a registered Native American?	YES	NO <i>If yes, please obtain a statement from the Native American chief.</i>
5. Is this a transfer from your name to your trust?	YES	NO

MANUFACTURED HOME DETAILS	
Select One: <input checked="" type="radio"/> Single Wide <input type="radio"/> Double Wide <input type="radio"/> Triple Wide	
Decal #: _____	Mobile Home Location Before This Sale: _____
X^@ A ã É Ç K _____	Mobile Home Location After This Sale: _____
X^@ A ã É Ç K _____	Name of Mobile Home Park: _____
Vehicle Serial No. (VIN): _____	
Assessor's Parcel No. _____	
Date First Sold (DFS): _____	
Sale Price or Est. Market Value: \$ _____	

REQUESTOR'S CONTACT INFORMATION
Name: _____
Address: _____
_____
Phone No.: _____
Certificate to be mailed to: (if other than above)
_____
_____

ESCROW INFORMATION
Escrow No. _____ Date Escrow Closes: _____
Escrow Officer: _____
Escrow Company Name: _____
Escrow Company Address: _____
_____

FOR TAX COLLECTOR'S USE ONLY	
Fiscal Year	Amount Due:
Property Tax Bill No. _____	\$ _____
Property Tax Bill No. _____	\$ _____
Property Tax Bill No. _____	\$ _____
Property Tax Bill No. _____	\$ _____
<b>TOTAL AMOUNT DUE:</b>	<b>\$ _____</b>
Type:    Conditional _____    Regular _____	
Reissued:    Conditional _____    Regular _____	
Certificate picked up by: _____	
Date picked up: _____	
<b>Approved by:</b> _____	

**WHEN COMPLETED, MAIL THIS APPLICATION FORM TO:**  
 San Diego County Treasurer-Tax Collector  
 AWP: Ú| ^&#40 } &#1 } • Öçã | È PVÔÔ  
 1600 Pacific Highway, Room 162  
 San Diego, CA 92101-2474  
 Telephone: (619) 557-4002 or (858) 505-6071

Before sending, attach:  
 1. Registration or Title report.