**PLEASE PRINT**

# **MOBILE HOME TAX CLEARANCE REQUEST FORM**

|  |  |  |
| --- | --- | --- |
| **IT IS MANDATORY THAT A COPY OF TITLE SEARCH,**  | \* | \* \* \* \* \* \* \* \* \* \* \* \* For Tax Collector’s Use Only \* \* \* \* \* \* \* \* \* \* \* \* \* |
| **REGISTRATION CARD OR BILL OF SALE BE SUBMITTED WITH REQUEST.** | \* |  |
|  | \* | Delinquent HCD Fees: | $ |       |  |
| If you do not have the required information, you may contact The | \* |  |  |
| Department of Housing and Community Development Office in Riverside | \* |  | Property Tax Bill | $ |  |  |
| at 3737 Main Street, Ste 400, Riverside CA 92501 (California Towers Bldg) (951) 782-4431 or (800) 952-8356 | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| **PLEASE PROVIDE THE FOLLOWING INFORMATION:** | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| Assessors Parcel No: |       | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| License/Decal No: |       | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| VIN/Serial No: |       | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| Current Registered Owner: |       | \* |  |  |
|  | \* |  | Property Tax Bill | $ |  |  |
| Mailing Address: |       | \* |  |  |
|  | \* | Amount of taxes due will increase after |
|  |       | \* |  |  |
|  | \* |  | To | $ |  |  |
| Mobile Home Location: |       | \* |  |  |
|  | \* | Info. Rec’d. by  |  | Date |  |  |
|  |       | \* |  |  |
|  | \* | \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*  |
| New Owners Name: |       |  |  |  |
|  |  | Clearance Requested by: |       |
| Future Mailing Address: |       |  |  |
|  |  | Mailing Address: |       |
|  |       |  |  |  |
| Future Mobile Home  |  |  |  |       |
| Location: |       |  |  |
|  |  | Phone No: |       |
|  |       |  |  |
|  |  | Attn: |       |
| **WHEN COMPLETED MAIL TO:** | “NOTICE” |  |  |
|  |  |  | Escrow No: |       |

San Bernardino County Treasurer Tax Collector SUBSEQUENT (DUPLICATE)TAX

268 W Hospitality Ln. 1st Floor CLEARANCE CERTIFICATE

San Bernardino, Ca. 92415

(909)387-8308 **REQUESTS ARE TYPICALLY PROCESSED WITHIN 20 TO 25 WORKING DAYS**

ATT: TAX COLLECTION DIVISON