

MOBILE HOME PERMIT REQUEST

TODAY'S DATE: _____ TIME: _____

CONTACT PERSON _____

PHONE () _____ EMAIL _____

**A COPY OF THE TITLE IS REQUIRED. THE TREASURER'S OFFICE WILL COMPLETE A 10 YEAR
TAX SEARCH AND ALL TAXES OWED MUST BE PAID PRIOR TO PERMIT BEING ISSUED.**

CURRENT LOCATION OF MOBILE HOME _____

MOBILE HOME PARK _____ VIN _____

MAKE _____ YEAR _____ DIMENSIONS _____ SALE PRICE _____

TRANSFER FROM (*PREVIOUS OWNER*)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

TRANSFER TO (*NEW OWNER*)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____

REQUESTING A MOVING PERMIT _____ Y _____ N

NEW LOCATION (*IF MOBILE HOME IS BEING MOVED*)

COUNTY _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____