## ASSESSOR OF MOHAVE COUNTY

700 W BEALE STREET, PO BOX 7000, KINGMAN AZ 86402, PHONE (928) 753-0703, FAX (928) 718-4962

JEANNE KENTCH Assessor kentcj@mohave.gov DARREN RASMUSSEN Chief Deputy rasmud@mohave.gov



## REQUEST FOR MOBILE HOME TAX CLEARANCE

Please e-mail requests to: winkec@mohave.gov

Date:		
	Current Owner Inform	ation
Owners Name:		
Mailing Address:		
City:	State:	Zip Code:
	Current Location	
Address:		
City:	State:	Zip Code:
	Mobile Home Informa	ation
VIN Number:		
		List Price \$
Affixed to Parcel? Yes	No Affidavit of Remov	ral #:
	Mover Informatio	n
Movers Name:	Phone Number:	
	New Owner Informa	
Owners Name:		
City:	State:	Zip Code:
	New Location	
Destination County:		
		Zip Code:
Send 504 To: Fax #	OR E-Mail	
For Questions Please Call:		