



Complete online and mail to: **SACRAMENTO COUNTY TAX COLLECTION**
ATTN: MOBILE-HOMES DESK
700 H ST #1710
SACRAMENTO, CA 95814

or e-Mail: FINANCE-MOBILEHOMES@SACCOUNTY.GOV

or Fax: **916-874-8909**

or complete in person at the above address; Open 8a-5p weekdays

Questions? Phone: **916-874-7833**

County of Sacramento

APPLICATION FOR MOBILE-HOME TAX CLEARANCE CERTIFICATE

APPLICANT / CLEARANCE REQUESTER

Business/Name: _____

Care of: _____

Phone Number: _____

FAX / e-Mail: _____

Address to Mail Tax Clearance Certificate to:

(Street/PO BOX) _____

(City) _____ (State) ____ (ZIP) _____

ESCROW INFO (if applicable)

Escrow Officer: _____

Escrow Number: _____

Comments / Special Instructions: _____

CURRENT REGISTERED OWNER

Name: _____

Care of: _____

Best mailing address for current registered owner:

(Street/PO BOX) _____

(City) _____ (State) ____ (ZIP) _____

BUYER / NEW OWNER ON TITLE

Name: _____

Care of: _____

Best mailing address for new owner's Tax Statements:

(Street/PO BOX) _____

(City) _____ (State) ____ (ZIP) _____

MOBILE-HOME CURRENT REGISTRATION INFO

License / Decal Number: _____

Parcel Number: _____

Location: (#, Street) _____

(City) _____ (State) ____ (ZIP) _____

NEW LOCATION OF MOBILE HOME (if applicable)

Location: (#, Street) _____

(City) _____ (State) ____ (ZIP) _____

***** - **FOR DEPARTMENTAL USE ONLY** - *****

Taxes and Fees due before clearance may be issued...

Prior and Current year Taxes: _____

Pre-Collect (next fiscal year Taxes): _____

Total amount due _____ no later than _____ .

If not so paid, _____ will be due by _____.

Prepared By: _____ Date: _____