



**VALENCIA COUNTY ASSESSOR**  
Celia Dittmaier  
**Manufactured Home Tax Release Request**



**WE REQUIRE ONE OF THE FOLLOWING LISTED BELOW TO VERIFY OUR RECORDS:**

1. **Manufactured Home Title (If copy we need front and back) -OR-**
2. **Manufactured Home Registration -OR-**
3. **MCO (Manufactured Certificate of Origin) -OR-**
4. **VIN Inspection with Surety Bond**

<p><b>PERMIT #</b></p> <hr style="border: 0; border-top: 1px solid red; width: 80%; margin: 0 auto;"/>
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**Reason for Requesting Tax Release:**

Duplicate Title: \_\_\_\_\_ Transfer of Title: \_\_\_\_\_ Deactivate Title: \_\_\_\_\_ Moving Mobile Home & Transfer of Title: \_\_\_\_\_

VIN#: \_\_\_\_\_

Home is Currently Located at: (Please provide complete address)

\_\_\_\_\_

If Title is being transferred the **NEW OWNER** name should be as it appears on their Driver License.

\_\_\_\_\_

Mailing Address of New Owner:

\_\_\_\_\_

Will Home Remain at Current Address: Yes:  No:

If Mobile home is moving, please provide the complete address where the Mobile Home is being moved to.

\_\_\_\_\_

If Mobile Home is moving, what is the name of the company moving the Mobile Home.

\_\_\_\_\_

Date the Mobile Home is being moved \_\_\_\_\_

Will Mobile Home Be Demolished: Yes:  No:

**For the home owner:** Please check (✓) all that apply:

<b>Mobile home siding:</b>	Metal ___	Masonite board ___	Other ___
<b>Mobile home roof:</b>	Shingle ___	Corrugated metal ___	Metal sheet with seams ___
<b>Number of bedrooms:</b>	1 ___	2 ___	3 ___ 4 ___
<b>Number of bathrooms:</b>	1 ___	1.5 ___	1.75 ___ 2 ___ 2.5 ___ 2.75 ___ 3 ___

<p><b>FOR OFFICE USE ONLY:</b> Photo on File ___ Need Photo ___</p>
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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_