

Email: <a href="mailto:moperales@sanbenitocountyca.gov">moperales@sanbenitocountyca.gov</a>
Telephone Number: (831) 636-4034

\*Selling Price:\_\_\_\_\_

## MOBILE HOME TAX CLEARANCE/CONDITIONAL TAX CERTIFICATE REQUEST

*From:		*indicates required field
*City, State, Zip:	*From:	*Date:
Escrow Officer:	*Mailing address:	*Phone:
(If applicable)  (If applicable)  We hereby request a TAX CLEARANCE CERTIFICATE (if no tax liability exists); or, a CONDITIONAL TACLEARANCE CERTIFICATE (if a tax liability exists) for the mobile home described below:  CURRENT REGISTERED OWNER'S NAME (As shown on current title with the State)  *Seller's Name:  *Mobile home address:  *City, State, Zip:  *Decal Number:  *Assessor's Identification Number:  NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	*City, State, Zip:	Email:
CLEARANCE CERTIFICATE (if a tax liability exists) for the mobile home described below:  CURRENT REGISTERED OWNER'S NAME (As shown on current title with the State)  *Seller's Name:  *Mobile home address:  *City, State, Zip:  *Decal Number:  *Assessor's Identification Number:  NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:		
*Seller's Name:  *Mobile home address:  *City, State, Zip:  *Decal Number:  *Assessor's Identification Number:  *NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:		· · · · · · · · · · · · · · · · · · ·
*Mobile home address:  *City, State, Zip: *Serial Number(s):  *Assessor's Identification Number:  *NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	CURRENT REGISTERED OWNER'S	NAME (As shown on current title with the State)
*Mobile home address:  *City, State, Zip: *Decal Number: *Serial Number(s):  *Assessor's Identification Number:  *NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	*Seller's Name:	
*City, State, Zip: *Serial Number(s): *Assessor's Identification Number: *NEW OWNER'S NAME: (How new title should read) *Buyer's name: *Buyer's address: (TAX BILLS WILL BE MAILED TO THIS ADDRESS) *City, State, Zip:		
*Decal Number:*Serial Number(s):  *Assessor's Identification Number:  NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:		
*Assessor's Identification Number:  NEW OWNER'S NAME: (How new title should read)  *Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	*City, State, Zip:	
*Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	*Decal Number:	*Serial Number(s):
*Buyer's name:  *Buyer's address:  (TAX BILLS WILL BE MAILED TO THIS ADDRESS)  *City, State, Zip:	*Assessor's Identification Numbe	r:
*Buyer's address:	NEW OWNER'S NAME: (Hov	v new title should read)
*City, State, Zip:	*Buyer's name:	
*City, State, Zip:	*Buyer's address:	
		(TAX BILLS WILL BE MAILED TO THIS ADDRESS)
Comments:	*City, State, Zip:	
Comments.	Comments:	

Please be advised that it takes approximately 15 business days to process your Tax Clearance or Conditional Tax Clearance request. Any questions or correspondence should be referred to propertytaxes@sanbenitocountyca.gov or (831) 636-4034.