

## **504 MOBILE HOME REQUEST FORM**

Pursuant to A.R.S. 42-19107 and 42-19155, it is unlawful for any person to knowingly move or sell a mobile home if applicable property taxes have not been paid. A person violating the provision of this section is guilty of a class 1 misdemeanor and is subject to a fine. **(This request is not a property tax clearance statement.)** 

		Date:	
Contact Information			
Contact Name:		Phone:	
Email:		Fax:	
	Tax Clearance will be	Emailed or faxed (s	elect one)
MOBILE HOME INFORMA	ATION		
Vehicle Identification Number:			
Tax Roll Account #:		Year:	
Make:		Size:	
	Affixed to Parcel	Yes	No
MOVER INFORMATION			
Mover's Name:		Phone:	
LOCATION INFORMATIO	N		
Moving From:		Lot/Space:	
City:	State:		Zip:
Moving To:		Lot/Space:	
City:	State:		Zip:
County Moving To:			

Prior to moving a mobile/manufactured home it is required to obtain a "504 Mobile Home Request Form". This notifies the Assessor that the unit is being moved from one location to another.

FAX TO (602) 372-8900 OR EMAIL: asr-mh-pubasst@maricopa.gov