

PICKENS COUNTY
MOBILE HOME REGISTRATION



TAX CLEARANCE
FORM

ACCOUNT NUMBER		TO DISTRICT	TAX YEAR	PURCHASE REASON	
				<input type="checkbox"/> PURCHASED FROM DEALER (NEW MH) <input type="checkbox"/> PURCHASED FROM OWNER <input type="checkbox"/> NO PURCHASE - SAME OWNER <input type="checkbox"/> MH DEMOLITION	
FROM PARCEL #		TO PARCEL # (PERMIT LOCATION)			
SELLER(S) NAME			MOVING REASON		
			<input type="checkbox"/> MOVING INTO PICKENS COUNTY <input type="checkbox"/> MOVING WITHIN PICKENS COUNTY <input type="checkbox"/> NOT MOVING LOCATION (DECAL ONLY) <input type="checkbox"/> MOVING OUT OF PICKENS COUNTY		
MOBILE HOME OWNER NAME(S) (TITLE TO MOBILE HOME REQUIRED)					
OWNER(S) MAILING ADDRESS (FOR MAILING TAX NOTICE)			OCCUPANCY STATUS		
			<input type="checkbox"/> MH / LAND OWNER(S) ARE THE SAME <input type="checkbox"/> LEGAL RESIDENCE SENT WITH OWNER <input type="checkbox"/> LEGAL RESIDENCE SUBMITTED		
OWNER(S) PHONE NUMBER			POWER COMPANY		
PHYSICAL ADDRESS			DELINQUENT TAX DEPT.		
			(ALL MH TAX CLEARANCE REQUIRED) INITIALS: <input type="checkbox"/> PAID TAX RECEIPT(S) YEAR:		
			AUDITOR'S OFFICE		
			(CREATE PRORATED TAX BILL FOR MH MOVE OUT / DEMO ONLY) INITIALS:		
SALES INFORMATION			TREASURER'S OFFICE		
SALE DATE		SALE PRICE			
				(COLLECT PAYMENT FOR PRORATED TAX BILL FOR MH MOVE OUT / DEMO ONLY) INITIALS: <input type="checkbox"/> PAID TAX RECEIPT(S) YEAR:	
MOBILE HOME INFORMATION			ASSESSOR'S OFFICE		
MANUFACTURER		MODEL NAME / #	MODEL YEAR		
					(ALL MH TAX CLEARANCE REQUIRED) INITIALS:
SERIAL #		TITLE #			
WIDTH	LENGTH	FIREPLACE(S)	BEDROOMS	BATHROOMS	COMMENTS: