

Mobile Home Change Request Form

Champaign County Clerk
1776 E Washington
Urbana, IL 61802
PH: (217) 384-3722 Fax: (217) 384-1241

For Office Use Only:
MH #: _____
Date Changed: _____
Clerk Initials: _____

NO CHANGES WILL BE MADE WITH OUTSTANDING TAXES DUE

*:Required field

Type of Change*:

New Owner

New Occupant

MH Moved within County

MH Moved into County

MH Moved Out of County

Destroyed (must have certificate of taxes paid)

Exemption (65+ or Disabled)

Date you Purchased Mobile Home*: _____

Physical Address of Mobile Home*:

THE OWNER/OCCUPANT ADDRESS IS WHERE THE TAX BILL WILL BE SENT

Owner/Occupant Name* _____ Address* _____

City* _____ State* _____ Zip Code* _____

Phone Number* (____) _____

Mobile Home Make: _____ Year*: _____ Square Footage*: _____

Previous Owner/Occupant: _____

Mobile Home Park Name* _____ Park Phone Number* (____) _____ Lot # _____

For the following questions, only answer if you hold the title AND live in the Mobile Home

Over 65: Y N

Copy of ID required

Disabled: Y N

Claim Number: _____

100% Disabled Veteran: Y N

I hereby certify that to the best of my knowledge the above information is true and correct

Signature: _____

Date: _____