



**COUNTY OF MONTEREY TAX COLLECTOR
MARY A. ZEEB, TREASURER-TAX COLLECTOR**

P.O. BOX 891, SALINAS, CA. 93902

Fax # 831-759-6623

TELEPHONE: 831-755-5057

mobilehometax@countyofmonterey.gov

MANUFACTURED HOME TAX CLEARANCE APPLICATION FORM

(Please print or type- complete sections one through three. If information is not applicable, please indicate by marking N/A in the space provided)

SECTION ONE: CONTACT PERSON OR AGENT INFORMATION

PERSON OR AGENT'S NAME REQUESTING TAX CLEARANCE: _____ TELEPHONE NUMBER: _____

(IF YOU WISH The CLEARANCE FAXED BACK TO YOU, PLEASE PROVIDE FAX NUMBER) FAX NUMBER: _____

ADDRESS TO MAIL TAX CLEARANCE: _____

ESCROW NUMBER: _____ TITLE COMPANY NAME: _____

SECTION TWO: INFORMATION ABOUT THE MANUFACTURED HOME

ASSESSOR'S PARCEL NUMBER _____ DECAL OR LICENSE NUMBER _____

SERIAL NUMBER(S) _____

MAKE / MODEL / YEAR OF MOBILE HOME _____ CONDITION (Good, Fair or Poor) _____

SIZE: LENGTH (In feet) _____ WIDTH (In feet) _____ NUMBER OF UNITS: _____

LIST ACCESSORIES INCLUDED (AWNINGS, PATIOS, STORAGE SHEDS, ETC - INCLUDE DIMENSIONS):

CURRENT LOCATION: _____ HOW LONG AT THIS LOCATION? _____

IF TO BE MOVED, GIVE FUTURE LOCATION: _____ DATE TO BE MOVED: _____

SECTION THREE: OWNERSHIP AND SALE INFORMATION

SELLER(S) NAME AND ADDRESS - (REGISTERED OWNER(S) ON TAX ROLL): _____

BUYER(S) NAME AND MAILING ADDRESS (ADDRESS TO MAIL TAX BILL): _____

SALES PRICE \$: _____ DATE OF SALE: _____ NEW OWNER TELEPHONE: _____

**SECTION FOUR: (THIS SECTION TO BE COMPLETED BY TAX COLLECTOR)
AMOUNTS DUE PRIOR TO ISSUANCE OF TAX CLEARANCE CERTIFICATE**

TAX ASSESSMENT NUMBER(S)	_____	FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
WE NEED		FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
<input type="checkbox"/> COMPLETED APPLICATION	_____	FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
<input type="checkbox"/> ESTIMATED PAYMENT	_____	FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
<input type="checkbox"/> TAX CLEARANCE REISSUE FEE	_____	ESTIMATED TAXES DUE - FISCAL YEAR:	_____	AMOUNT DUE \$:	_____
<input type="checkbox"/> OTHER _____					

***TOTAL DUE - TO OBTAIN TAX CLEARANCE \$**

BY: _____ *TOTAL AMOUNT DUE MUST BE PAID BY THE FOLLOWING DATE: _____
Deputy Tax Collector IF NOT SO PAID, CONTACT TAX COLLECTOR FOR NEW AMOUNT.

(MHCLEAR REVISED 10/2024)

*** ONCE THE APPLICATION IS FILLED OUT, IT CAN BE EMAILED TO: MOBILEHOMETAX@COUNTYOFMONTEREY.GOV FOR QUICKER PROCESSING ***