



**MOBILE HOME TAX BILL  
NAME/ADDRESS CHANGE**

To change the mailing information only, not ownership

**Mobile Home Identification Number:**

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**Mobile Home Physical Location:**

\_\_\_\_\_ Street  
\_\_\_\_\_ City, State Zip

**Taxpayer Description (check one):**

Property Owner     Trustee     Power of Attorney     Other: \_\_\_\_\_

**Tax Bill Mailing Change (if applicable):**

The address change may include the name(s) of individuals whose attention the bill should be addressed to indicated by "%".

% \_\_\_\_\_ Care of Name 1                      % \_\_\_\_\_ Care of Name 2

Address: \_\_\_\_\_  
\_\_\_\_\_

**Name Change (if applicable):**

\_\_\_\_\_ Old Name                      \_\_\_\_\_ New Name

Under oath, under penalties of perjury as provided by law, I hereby affirm, represent, warrant and certify to the office of the Adams County Clerk that I am the legal, beneficial and/or equitable owner, trustee or agent for the owner or trustee for the property listed and that I have the legal, equitable or actual authority to execute this instrument.

NOTE: If submitting by mail, a copy of your driver's license is required, or the form must be notarized.

\_\_\_\_\_ Printed Name                      \_\_\_\_\_ Phone

\_\_\_\_\_ Signature

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
NOTARY PUBLIC