



**SECTION 2: MOBILE HOMES**

List house trailers, modular homes, manufactured homes, etc., that you own. If you do not own any, write NONE.

Type	Make	Model	Year	Description	Length	Owner's Value	Assessor's Value

Additional pages attached

Brand Name: \_\_\_\_\_ Year: \_\_\_\_\_ Size: \_\_\_\_ x \_\_\_\_ VIN: \_\_\_\_\_  
 Is this your personal residence? Yes/No \_\_\_\_\_ If no, describe use: \_\_\_\_\_  
 Name of landowner: \_\_\_\_\_

Amenities (put the number you have and the size beside all that apply):

Central A/C \_\_\_\_\_ Porch(es) (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_) Garage(s) (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_)  
 Fireplace \_\_\_\_\_ Patio(s) (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_) Carport(s) (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_)  
 Slide/Tipout \_\_\_\_\_ Deck(s) (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_) Storage building(s) wood\_\_\_\_ metal\_\_\_\_  
 (sizes: \_\_\_\_x\_\_\_\_; \_\_\_\_x\_\_\_\_)

**SECTION 3: REAL ESTATE**

List Real Estate you owned on July 1. If you did not own any, write NONE.

Property address, I.D. or Description on Land Book or from your Tax Ticket:	Owner's Value:	Is the building use: Owner Occupied, Rental or Other? (describe)	Is the land use: Residential, Farm or Commercial?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**New Building or Improvement Made To Your Property in the Past 12 Months**

New house, new structures, additions, or remodeling (describe): \_\_\_\_\_ Total Cost: \_\_\_\_\_

**MOBILE HOMES ON YOUR LAND**

On July 1, were there any mobile or modular homes or cabins located on your land but not owned by you? \_\_\_\_\_  
If yes, how many? \_\_\_\_ Land description \_\_\_\_\_

Mobile home or cabin owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mobile home or cabin owner's name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION 4: SHEEP AND GOATS**

List number of sheep and goats of breeding age: Sheep \_\_\_\_\_ Goats \_\_\_\_\_

**Enclose with this form a \$1.00 fee for each head of sheep or goat.**

**Assessor's Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU NEED ADDITIONAL SPACE FOR ANY OF THE ITEMS TO BE REPORTED, LIST THE ADDITIONAL ITEMS ON A SEPARATE PIECE OF PAPER AND ENCLOSE IT WITH THIS FORM**  
I certify to the best of my knowledge that the information on this form is true and actual.

Taxpayer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Reviewing Deputy: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FILL OUT BOTH SIDES**