

ROCK ISLAND COUNTY

MOBILE HOME CORRECTION

Being first duly sworn on oath and with the knowledge that submission of false information on this affidavit is a violation of the Statutes of the State of Illinois, the undersigned states that the original Mobile Home Local Services bill for the year **20** _____ , as follows:

Park Name _____

Name _____

Address _____

City _____ State **Illinois** Zip _____

Make _____ Model _____ Year _____

V.I.N. _____ Twp _____ Taxpayer # _____

The new owner is: Name _____

Address _____

Date Purchased _____ Address Correction

The square footage should be: Length _____ x Width _____ = _____ sq. ft.

The rate was incorrect: Correct Year _____ Months Resided _____

The mobile home was Removed Destroyed Vacant as of _____ .

The 20% owner occupied reduction was omitted:

My date of birth is _____ , therefore I was 65 **on or before** January 1st of this year.

I am disabled (check one): Social Security Veteran Railroad Civil Service

I hereby declare that the above statements are true and correct to the best of my knowledge.

Signature

Phone

Date

Mail completed form to:
Rock Island County Clerk
1504 Third Avenue
Rock Island IL 61201

Form available on web site:
www.ricountyclerk.org
(309) 558-3562 or (309) 558-3559