

ROCK ISLAND COUNTY

NEW MOBILE HOME REGISTRATION

Name _____

Address _____

City _____ State **Illinois** Zip _____

Billing Address If Different than above: _____

City _____ State **Illinois** Zip _____

Purchased From _____ New Used

Make _____ Model _____ Year _____

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

Date Occupied _____

Outside Dimensions: Length _____ x Width _____ = _____ sq. ft.

Expanded Area (if any): Length _____ x Width _____ = _____ sq. ft.

If Located in a Mobile Home Park: Park Name _____ Lot # _____

If Not Located in a Mobile Home Park: Name of Owner of Land _____

The 20% owner occupied reduction applies because:

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:
<http://ricoclerk.revealed.net>
(309) 558-3562 or (309) 558-3559