

MANUFACTURED HOME OWNER'S REPORT

Douglas County, NV
Trent A. Tholen, Assessor
P O Box 218
Minden, NV 89423

FOR ASSESSOR'S OFFICE USE:

FILE: _____

DATE: _____

SRP: _____

FILL IN COMPLETELY AND RETURN WITHIN 15 DAYS

FAILURE TO COMPLY WILL RESULT IN AN ESTIMATE OF VALUE (NRS 361.265)

OWNER'S NAME & MAILING ADDRESS:

PHYSICAL LOCATION OF HOME:

PARK NAME
SPACE # _____

PARK ADDRESS

MANUFACTURED HOME INFORMATION:

MANUFACTURER

SERIAL NUMBER

MODEL

YEAR

LENGTH (EXCLUDE TONGUE) _____ WIDTH _____

WHERE AND/OR FROM WHOM WAS THE MANUFACTURED HOME PURCHASED?

PURCHASED: NEW USED
PURCHASE DATE: _____
PURCHASE PRICE: \$ _____

LIENHOLDER'S NAME & ADDRESS:

DATE MOBILE ENTERED COUNTY (if known):
_____/_____/_____
DOUGLAS COUNTY RESIDENT? YES NO

SIGNED: _____

PHONE # _____

DATE: _____

If this manufactured home is sold, please notify this office.