

MOBILE HOME PARK MONTHLY UPDATE

Note to Mobile Home Park Owners/Managers: Complete and return form to the County Clerk's Office and your Twp Assessor monthly

Mobile Home Park Name _____

Month _____ Year _____

Page _____ of _____

Owner's Name			Owner's Billing Address			Previous Owner's Name and Billing Address			
1									
Date of Change	Parcel #	VIN	Lot #	Street Address	Make/Manufacturer	Year of MH	Length/Width	Add'l Length/Width	

Owner's Name			Owner's Billing Address			Previous Owner's Name and Billing Address			
2									
Date of Change	Parcel #	VIN	Lot #	Street Address	Make/Manufacturer	Year of MH	Length/Width	Add'l Length/Width	

Owner's Name			Owner's Billing Address			Previous Owner's Name and Billing Address			
3									
Date of Change	Parcel #	VIN	Lot #	Street Address	Make/Manufacturer	Year of MH	Length/Width	Add'l Length/Width	

Owner's Name			Owner's Billing Address			Previous Owner's Name and Billing Address			
4									
Date of Change	Parcel #	VIN	Lot #	Street Address	Make/Manufacturer	Year of MH	Length/Width	Add'l Length/Width	

Township Assessors: Please sign and mail completed form to:

Kathy Michael
McLean County Clerk
 Phone: (309) 888-5190 Fax: (309) 888-5932
 115 E Washington Street Room 102 PO Box 2400
 Bloomington, IL 61702-2400
 Website: www.mcleancountyil.gov/countyclerk

Mobile Home Park Owner/Manager Signature _____ Date _____

Township Assessor Signature _____ Date _____