

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