



MANUFACTURED HOME TRANSFER FORM

OWNER DETAILS	
Previous Owner(s) Name:	
Mailing Address:	
Phone Number:	
Was this a Family Sale*:	Y / N (*sale between a spouse, mother, father, brother, sister, son or daughter)
New Owner(s) Name:	
Mailing Address:	
Phone Number:	
DETAILS OF MANUFACTURE	D HOME
Assessment Account Number (AAN): Civic Address:	
(Physical Local	ation)
Is the home to remain on the same lot?	
If no, enter new civic address Community Name:	ss:
Date Sold:	Sale Price:
	ft(W) x ft(L)
Make:	Model: Serial #:
Shed: Yes / No Size:	ft(W) x ft(L)
# of Bathrooms: Heat Pump: Yes / No	
AUTHORIZATION	
Signature: (Purchaser or Sell	Date:

*If available, please attach a copy of the Bill of Sale