



STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ _____
- 2. Optional Equipment & Upgrades \$ _____
- 3. Subtotal \$ _____
- 4. Accessories & Accessory Structures \$ _____
- 5. Other (Specify) _____ \$ _____
- 6. Delivery & Installation \$ _____
- 7. TOTAL SALES PRICE \$ _____

Type of Exterior Wall Covering: _____
(Metal, Wood, etc.)

Type of Roof Covering: _____
(Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

- Air Conditioning: YES NO Tons _____
- Evaporative Cooler: YES NO
- Built-in Cooktop: YES NO
- Built-in Oven: YES NO
- Built-in Dishwasher: YES NO
- Built-in Wet Bar: YES NO
- Refrigerator: YES NO
- Roof Overhang (Eaves): YES NO _____ inches
- Furniture Included: YES NO Value \$ _____

DOES THE BASIC PRICE INCLUDE:

- The Towbar(s) YES NO
- Tires & Wheels YES NO
- Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

- Bedrooms _____ Dining Room _____
- Baths _____ Family Room _____
- Kitchen _____ Utility Room _____
- Living Room _____ Other Rooms _____

- Carport: YES NO _____ X _____
- Awning: YES NO _____ X _____
- Porch: YES NO _____ X _____
- Garage: YES NO _____ X _____
- Storage Shed: YES NO _____ X _____
- Skirting: YES NO _____ LINEAL FEET

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is _____

(Signature)

Address

Telephone