



**2011**

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**CITY OF SALEM  
RETURN OF MOBILE HOMES  
(THIS FORM MUST BE RETURNED BY 2/15/11)**

Verify Social Security Number  
If incorrect, please change.

S. S. #

Please correct name, address, and mobile home information when necessary. This form must be returned to our office by **February 15, 2011**.

**YEAR      MAKE      MOBILE HOME ID NUMBER      TITLE      LENGTH & WIDTH**

WAS THIS MOBILE HOME LOCATED IN SALEM 1/1/11?      YES \_\_\_\_\_      NO \_\_\_\_\_

IS THE NAME ABOVE THE OWNER OF THIS MOBILE HOME 1/1/11? YES \_\_\_\_\_      NO \_\_\_\_\_

IF EITHER ANSWER IS NO, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Co-Taxpayer or Spouse \_\_\_\_\_ Phone \_\_\_\_\_

ANY VEHICLE PURCHASED MUST BE REPORTED TO THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF PURCHASE OR THERE WILL BE A 10% LATE FILING PENALTY.

LINDA M. CARROLL  
COMMISSIONER OF THE REVENUE  
114 N. BROAD ST P.O. BOX 869 SALEM, VA 24153  
PHONE 375-3019 FAX 375-3048