



2008

2008

**CITY OF SALEM
RETURN OF MOBILE HOMES
(THIS FORM MUST BE RETURNED BY 2/15/08)**

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, 2008**.

YEAR MAKE MOBILE HOME ID NUMBER TITLE LENGTH & WIDTH

WAS THIS MOBILE HOME LOCATED IN SALEM 1/1/08? YES _____ NO _____

IS THE NAME ABOVE THE OWNER OF THIS MOBILE HOME 1/1/08? 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
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PHONE 375-3019 FAX 375-3048