



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	\$ _____	Type of Exterior Wall Covering: _____ (Metal, Wood, etc.)
2. Optional Equipment & Upgrades	\$ _____	Type of Roof Covering: _____ (Metal, Wood, Composition, etc.)
3. Subtotal	\$ _____	Heating Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Floor or Wall
4. Accessories & Accessory Structures	\$ _____	
5. Other (Specify) _____	\$ _____	
6. Delivery & Installation	\$ _____	Air Conditioning: <input type="checkbox"/> YES <input type="checkbox"/> NO Tons _____
		Evaporative Cooler: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Built-in Cooktop: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Built-in Oven: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Built-in Dishwasher: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Built-in Wet Bar: <input type="checkbox"/> YES <input type="checkbox"/> NO
		Refrigerator: <input type="checkbox"/> YES <input type="checkbox"/> NO
7. TOTAL SALES PRICE	\$ _____	Roof Overhang (Eaves): <input type="checkbox"/> YES <input type="checkbox"/> NO _____ inches
		Furniture Included: <input type="checkbox"/> YES <input type="checkbox"/> NO Value \$ _____

DOES THE BASIC PRICE INCLUDE:

The Towbar(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tires & Wheels	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wheelhubs & Axles	<input type="checkbox"/> YES	<input type="checkbox"/> NO

LIST NUMBER OF ROOMS:

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

Carpport:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Awning:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Porch:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Garage:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Storage Shed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____ X _____
Skirting:	<input type="checkbox"/> YES	<input type="checkbox"/> 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