STATE OF CALIFORNIA
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM

NOTICE OF SITUS CHANGE - COMMERCIAL MODULAR

SECTION I. INSTRUCTIONS

1. Applicant, complete Sections II through V. One form may be used for up to six (6) commercial modulars if the commercial modulars are being moved to the same situs (location) address. If the commercial modulars are being moved to different locations, use as many forms as needed to report those locations. Each section of a multi-section commercial modular must be listed separately.
2. Mail the original form to Department of Housing and Community Development, P. O. Box 2111, Sacramento, CA 95812-2111.
3. Deliver a copy to the transporter.
4. Retain a copy for your records or use to advise the Department of the new situs address when the new situs address could not be determined at the time the commercial modular was moved from its old situs address.
5. When the new situs address cannot be determined at the time the commercial modular(s) is moved from the old situs address, the applicant is required to report the new situs address to the Department as soon as it can be determined, using the designated copy of this form.

SECTION II. DESCRIPTION OF UNIT

Decal (License) Number(s)	Manufacturer Serial Number(s)	HUD Label or HCD Insignia Number(s)
1.		
2.		
3.		
4.		
5.		
6.		

SECTION III. REGISTERED OWNER INFORMATION

Name:_____

Mailing Address: _____
Street Address or P.O. Box *City* *County* *State* *Zip*

Are you also requesting a mailing address change to the address listed above? ☐ Yes ☐ No

SECTION IV. NEW SITUS ADDRESS INFORMATION

The above-mentioned commercial modular is being moved from and to the situs addresses indicated below:

NEW SITUS ADDRESS:

Street Address:

City:	*County:*	*State:*	*Zip:*

OLD Situs Address: _____
Street Address or P.O. Box *City* *County* *State* *Zip*

SECTION V. CERTIFICATION

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____ at _____
Date *City* *State*

Signature(s): _____