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



REQUEST FOR CONFIDENTIALITY

INSTRUCTIONS SECTION I.

- To request confidentiality of your home address, complete Section II, Section III, and Section IV. Only one registered owner is required to sign the certification in Section IV.

certification in Section	ential status from your unit's record, complete S on V. ed form with the fee of \$7.00 to: HCD, Registration	·		
SECTION II.	DESCRIPTION OF UNIT			
	ne): ome, Mobilehome, or Multifamily Manufacture lumber(s) is:] Truck Camper
The Trade Name is: _				
The Serial Number(s)	is:			
SECTION III.	CONFIDENTIAL HOME ADD	RESS INFORMATION		
Enter Location Addres	ss (situs):Street Address	City	State	Zip
Enter Current Mailing	Address: Street Address or P.O. Box	City	State	Zip
1. The local	ovide an alternate address below if: tion address and mailing address shown aboing address shown above is also confidentia			
Enter Alternate Mailing	g Address:Street Address or P.O. Box	City	State	Zip
SECTION IV.	REGISTERED OWNER CER	TIFICATION		
or Alternate Mailing A	ty of Home Address and certify under penalty ddress shown above is the correct address that this address will be open for public insp	s to be used for all mailings from the		
Executed on	at	0"		
		City	State	
	ed Owner:			
SECTION V.				
I request that the Conf	fidentiality of Home Address be removed. The	ne addresses to be shown on record	are:	
Mailing Address:				
Location (Situs) Addre	ss:			
Signature of Registere	ed Owner:			
Printed Name of Regis	stered Owner:			