RA # ___________________________ NOTICE OF ESCROW CLOSING
HCD RT 481.8B (Rev. 05/20)

SECTION I. INSTRUCTIONS
Upon the close of escrow, complete this form and mail with the completed transfer application to the Department of Housing and Community Development at the following address:
HCD
P.O. Box 276540
Sacramento, CA 95827-6540

SECTION II. DESCRIPTION OF UNIT
The Decal (License) No.(s) of the unit is: ____________________________
The Trade Name of the unit is: ____________________________
The Serial No.(s) of the unit is: ____________________________

SECTION III. ESCROW CLOSING INFORMATION
Escrow Number: ____________________________ Buyer: ____________________________

THE ESCROW ESTABLISHED FOR THE UNIT DESCRIBED BELOW WAS CLOSED ON __________.

SECTION IV. ESCROW AGENT CERTIFICATION
I 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 of Escrow Agent: ____________________________

Printed Name of Escrow Agent: ____________________________

Company Name: ____________________________

Address: ____________________________
Street Address or P.O. Box City State Zip