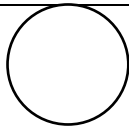


STATE OF ILLINOIS)
) SS.
 COUNTY OF WILL)



AFFIDAVIT TO CORRECT MOBILE HOME TAX BILL

Being first duly sworn on oath and with the knowledge that submission of false information on this affidavit is a violation of the Statutes of the State of Illinois, the undersigned states that the **ORIGINAL Mobile Home Local Services Bill** for the year **20**__, states as follows:

Name _____ Park & Lot _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Model & Year _____ V.I.N. _____ Twp. _____

~ THE ORIGINAL BILL IS IN ERROR FOR THE FOLLOWING REASON ~

1. The new owner is: Name _____

Address _____

State _____ ZIP _____ Phone # _____

Date Purchased _____

2. The square footage should be: Length _____ X Width _____ = _____ ft²

3. The rate was incorrect: Correct Year _____ Months Resided _____

4. The mobile home was Removed-Destroyed-Vacant as of _____
 If removed indicate new address here: _____

5. The 20% owner occupied reduction was omitted:

a. My date of birth is _____, therefore I was 65 **on or before** January 1st of this year.

b. I am totally disabled; my Social Security, Veteran, Railroad, or Civil Service Disability Claim Number is _____.

6. Other: _____.

I hereby declare that the above statements are true and correct to the best of my knowledge.

 SIGNATURE OF AFFIANT

Subscribed And Sworn To Before Me This _____ Day Of _____ 200__

 NOTARY PUBLIC