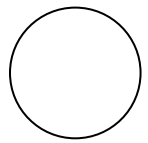


WILL COUNTY MOBILE HOME REGISTRATION

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION



MOBILE HOME BILLING ADDRESS FOR TAXPAYER / OWNER: Where to send the bill

NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE # _____

MOBILE HOME INFORMATION: Factual information about the mobile home

PURCHASED FROM _____ NEW OR USED

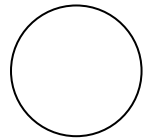
MODEL / MAKE _____ MODEL YEAR _____

VEHICLE IDENTIFICATION NUMBER _____

OUTSIDE DIMENSIONS: LONG - _____ WIDE - _____ = AREA _____

EXPANDED AREA (IF ANY): LONG - _____ WIDE - _____ = AREA _____

DATE COACH OCCUPIED _____



MOBILE HOME LOCATION ADDRESS: The actual location of the mobile home

IF LOCATED IN A MOBILE HOME PARK-
PARK NAME _____ LOT # _____

Address of Mobile Home Location:

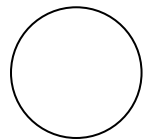
IF NOT LOCATED IN A MOBILE HOME PARK-
NAME OF OWNER OF LAND _____

P.I.N. WHERE LOCATED _____

OWNER OCCUPIED APPLICATION FOR 20% REDUCTION: You must qualify to receive

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 _____.



OATH

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE NAME _____ DATE ____/____/____

TOWNSHIP _____ TAX CODE _____ YEAR _____

P.I.N. _____