

STATE OF ILLINOIS }
COUNTY OF WILL } SS.

Add	Change date: _____
Update	Int: _____
Prior	(for office use only)

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 2018 states as follows:

MH Number _____ Phone _____

Name _____

Address _____

City _____ State _____ Zip _____

Please list property address below if different from mailing address:

Park _____ Lot No. _____ Township _____

Make/Model _____ Model Yr. _____ VIN _____

PLEASE SELECT ONE OF THE FOLLOWING REASONS

1. The above is no longer the owner:

The new owner is:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date Purchased _____

2. The square footage should be:

Square Feet _____

3. The mobile home was: (select one of the following)

Removed as of _____

Destroyed as of _____

Vacant as of _____

4. The 20% owner occupied reduction was omitted:

Proof of age or disability must be submitted with affidavit.

a. I was 65 on or before January 1st of this year, my date of birth is: _____

b. I am disabled; my Social Security, Veteran, Railroad, or Civil Service disability

claim number is: _____

5. Other: _____

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

SIGNATURE OF AFFIANT

DATE