

WILL COUNTY MOBILE HOME REGISTRATION

MOBILE HOME BILLING INFORMATION

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Please list property address below if different from mailing address:

Park _____ Lot No. _____ Township _____

If not located in a designated Mobile Home Park please list below:

Property owner _____

Real Estate PIN _____

Mobile Home Coach Information

Purchased from _____

Make/Model _____

Model Yr. _____

VIN _____

Square Feet _____

Date Occupied _____

Mths. Assessed:
(for office use only)

OWNER OCCUPIED APPLICATION FOR 20% REDUCTION: You must qualify to receive *Proof of age or disability must be submitted with registration.*

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: _____

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

DATE

SIGNATURE

TWP. _____ TAX CODE _____ TAX YEAR 2018
MOBILE HOME NUMBER _____
(FOR OFFICE USE ONLY)