

Personal Property # _____

Parcel ID# _____

MANUFACTURED HOME QUESTIONNAIRE

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE: _____

VIN#: _____

Location of Home: _____

Year: _____

Land / Lot Owner: _____

Make: _____

Previous Owner: _____

Size: _____

Purchase Date: _____

Purchase Price: _____

Date Manufactured Home Moved to Property: (if known)

Please Circle the correct items

Type of Exterior walls:

Aluminum Sheet - Aluminum Lap - Hardboard Sheet - Hardboard Lap Plywood - Vinyl Lap - Wood Lap - Other

Roofing: Composition Shingle Metal-Corrugated Metal-Ribbed Other _____

Heating and Cooling: Forced Air Furnace Wall Furnace Heat Pump Fireplace

Central Air Conditioning? YES NO

Number of Bathrooms: 1 1 ½ 1 ¾ 2 2 ½ 2 ¾ **Plumbing for washing machine?** YES NO

Skirting or Foundation Type:

Metal / Vinyl Skirting-Vertical Metal/Vinyl Skirting-Horizontal Lap Metal/Vinyl Skirting Simulated Stone/Brick

Plywood/Hardboard Horizontal Lap Skirting Brick Veneer Skirting Stone Veneer Skirting

Concrete Block Skirting Precast Concrete Panel Skirting Continuous Concrete Foundation

Continuous Concrete Block Foundation Continuous Treated Wood Foundation

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE