

MENARD COUNTY MOBILE HOME REGISTRATION

Pam Ratliff-Bauser
Menard County Treasurer
Courthouse
102 S. Seventh Street
Petersburg, IL 62675

OFFICE USE ONLY

Tax code _____

Exemption _____

Mobile Home Number : _____

Real Estate Parcel Number: _____

Property Owner: _____

Address: _____

Date: _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Mobile Home located in Licensed Illinois Park? **Yes** **No**

Name of Licensed Park: _____

Address of Coach Location: _____

City: _____ **State:** _____ **Zip:** _____

Mobile Home Coach Information:

Mobile Home Make:

Mobile Home Model:

Year:

Vehicle Identification Number:

Title Number:

Mobile Home Size (Outside Measurement):

Length (less hitch):

Width:

Square Footage:

The Illinois Statutes require each owner of an inhabited mobile home in Illinois to file this form with the township assessor's office where the home is located. Any person furnishing misinformation or failing to file this form is guilty of a CLASS "A" MISDEMEANOR.

I hereby certify that to the best of my knowledge, the above information is accurate:

Date of Residency

Mobile Home Owner

Date of Birth

Joint Owner

Date of Birth

Township Assessor

Park Operator

Application for Reduction on Next Page

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I hereby make application for a reduction to 80% of the total tax imposed under "An Act to Provide for a Privilege Tax on Mobile Homes"

Answer Yes or No to the following questions:

- A. _____ I actually reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois code.
- C. _____ I have reached the age of 65 on or before January 1 of the year in which this statement is filed (Must present proof of age).
- D. _____ I was totally disabled on (Date) _____ and have remained disabled until the date of this application. **PLEASE COMPLETE SCHEDULE A BELOW.**

Schedule A

If you receive benefit checks for total disability, check the appropriate line and enter your claim number.

Total Social Security Disability

Total Veterans Disability

Total Railroad Retirement Disability

Total Civil Service Disability

My Claim number is: _____

My Social Security Number is: _____

The undersigned declares under the penalty of perjury that the above statements are true and correct.

Date: _____, _____

(Signature of Owner)

(Address)

(City)

(State)

(Zip)

(Phone Number)

Approved by:

(Assessor or County Clerk)

Mail Completed Form to Address on Top of Previous Page