



STATE OF CALIFORNIA
 DEPARTMENT OF HOUSING AND COMMUNITY
 DEVELOPMENT
 DIVISION OF CODES AND STANDARDS

NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILEHOME OR COMMERCIAL MODULAR AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

- 1. The Basic Unit \$ _____
- 2. Optional Equipment & Upgrades \$ _____
- 3. Subtotal \$ _____
- 4. Accessories & Accessory Structures \$ _____
- 5. Other (Specify) _____ \$ _____
- 6. Delivery & Installation \$ _____
- 7. TOTAL SALES PRICE \$ _____

Type of Exterior Wall Covering: _____
 (Metal, Wood, etc.)

Type of Roof Covering: _____
 (Metal, Wood, Composition, etc.)

Heating Type: Forced Air Floor or Wall

Air Conditioning: YES NO Tons _____

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO _____ inches

Furniture Included: YES NO Value \$ _____

DOES THE BASIC PRICE INCLUDE:

- The Towbar(s) YES NO
- Tires & Wheels YES NO
- Wheelhubs & Axles YES NO

LIST NUMBER OF ROOMS:

- Bedrooms _____ Dining Room _____
- Baths _____ Family Room _____
- Kitchen _____ Utility Room _____
- Living Room _____ Other Rooms _____

Carpport: YES NO _____ X _____

Awning: YES NO _____ X _____

Porch: YES NO _____ X _____

Garage: YES NO _____ X _____

Storage Shed: YES NO _____ X _____

Skirting: YES NO _____ LINEAL FEET

The sales price as shown does not include any amount for any in-place location.

The Assessor's Parcel Number of the installation site is _____

 (Signature)

 Address

 Telephone