

# Warren County Assessment Office

OFFICE OF CHIEF ASSESSOR

Chief Assessor: Brian Bull C.P.E.



SALE DATE: \_\_\_\_\_

MAP NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

SELLER (NAME): \_\_\_\_\_

BUYER (NAME): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

MOBILE HOME DESCRIPTION:

YEAR: \_\_\_\_\_ SIZE: \_\_\_\_\_ MAKE/MODEL: \_\_\_\_\_

HAS THE MOBILE HOME BEEN MOVED TO A NEW LOCATION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES – ADDRESS OF NEW LOCATION: \_\_\_\_\_

I VALIDATE THAT ALL CURRENT AND DELINQUENT TAXES HAVE BEEN PAID PRIOR TO THE TRANSFER OF OWNERSHIP.\*\*\*PLEASE BE ADVISED TAXES DELINQUENT/DUE STAY WITH THE MOBILE HOME/CAMP NOT THE PREVIOUS OWNER\*\*\*

BUYER: \_\_\_\_\_ DATE: \_\_\_\_\_

SELLER: \_\_\_\_\_ DATE: \_\_\_\_\_