

APPLICATION FOR TAX REFUND OR WAIVER FOR DESTROYED OR DAMAGED MANUFACTURED HOMES

**ANSWER ALL QUESTIONS AND TYPE OR PRINT ALL INFORMATION
READ INSTRUCTIONS ON BACK BEFORE COMPLETING FORM**

1. OWNER'S NAME _____		
2. OWNER'S ADDRESS _____		
	CITY/STATE	ZIP
3. OWNER'S TELEPHONE NUMBER (_____) _____		

4. REGISTRATION NUMBER OF DAMAGED HOME _____		
5. ADDRESS OF DAMAGED HOME _____		
	CITY/STATE	ZIP
6. COUNTY WHERE LOCATED _____		
7. DATE DAMAGE OCCURRED _____		
8. CAUSE OF DAMAGE _____		
9. DESCRIPTION OF DAMAGE _____		
10. ESTIMATED DOLLAR AMOUNT OF DAMAGE \$ _____		
11. IF PROPERTY INSURED, AMOUNT OF INSURANCE RECEIVED \$ _____		

I declare under penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, it is true, correct and complete.

OWNER _____ DATE _____
Signature

Sworn to and signed in my presence, this _____ day of _____, 19____

Notary Public