



MUNICIPALITY OF ANCHORAGE

DEPARTMENT OF FINANCE

Treasury Division

632 W. 6th Avenue Suite 330 Anchorage, AK 99501

P.O. Box 196040 Anchorage, AK 99519-6040

Phone (907) 343-6650 Fax (907) 343-6121

MOA USE ONLY Received _____ Acct. No. _____

APPLICATION FOR MOBILE HOME TAX CERTIFICATE

Please allow at least 6 full working days prior to the issuance of a Tax Statement

Please Print

Date _____

Requestor's Name _____ Phone# _____ Fax# _____

Address _____

Current Location

Court Name _____ Space No. _____

(If not in a mobile home park)

Property ID# _____ OR Street Address _____

Mobile Home Make _____ Year _____ Serial # _____

Size _____ Tipout _____ Lean-to _____ Expando _____ (14x65) Example

Owner as of January 1 of the current year _____

Current Owner / Seller _____ Phone# _____

(If different than above)

Address _____

Buyer's Name _____

Address _____

Is this mobile home being moved? YES ___ NO ___

If yes, provide new location _____

Purchase Price \$ _____

Who to contact when completed if different from requestor: _____

Name _____ Phone# _____