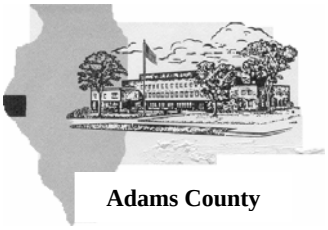

Application for Reduction of Mobile Home Local Services Tax

Georgia Volm
Adams County Clerk
507 Vermont St.
Quincy, IL 62301
Office: (217) 277-2150
Fax: (217) 277-2155

_____
Printed Name of Current Owner

_____
Address

_____
City or Village Zip

I hereby make application for a 20% reduction of the total tax imposed under "An Act to provide for a Local Services Tax on Mobile Homes".

(Check One)

☐ **For Senior Citizens**

I actually reside in said mobile home, and
I hold title to the mobile home as provided in the Illinois Vehicle Code, and
I reached the age of 65 prior to January 1 of the year in which this statement is filed.
My date of birth is _____

OR

☐ **For Persons with Disabilities**

I actually reside in said mobile home, and
I hold title to the mobile home as provided in the Illinois Vehicle Code, and
I was Totally Disabled on _____ and have remained disabled until the date of this application. My Social Security, Veterans, Railroad or Civil Service Total Disability Claim 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)