



MOBILE HOME REGISTRATION FORM ADAMS COUNTY

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

Owner Information

Owner's Name _____
Alternate Owner Name _____
Address _____
City, State, Zip _____
Phone Number _____
E-mail, if available _____
Date of birth _____
Owner _____ Alternate Owner _____

Current Location of Mobile Home

Mobile Home Park and Lot # _____
Street Address _____
City, State, Zip _____
Occupant, if other than owner _____

Mobile Home Coach Information

Vehicle Identification # (VIN) _____
(Located near fuse box or at the bottom of front doorway)
Make/Manufacturer _____ and Year _____
Mobile Home _____ x _____ **OR** _____
Width Length Sq Ft
(Length should **NOT** include hitch)
Previous Owner _____
Previous Location _____

20% Reduction of Mobile Home Local Services Tax
I am:
____ 65 or older
____ Person with disabilities
____ Disabled Veteran
who would like to request an application for the 20% reduction of Mobile Home Services Tax. (Application will be mailed.)

Current Billing Information

Billing Name _____
Address _____
City, State, Zip _____
Phone Number _____
E-mail, if available _____

Please Sign and Print (MUST be signed by actual owner)

Authorized Written Signature* _____
Printed Name* _____
Date of Sale/Transfer/Move _____ Current Date _____

*Only the current (new) owner is authorized to change or update mobile home owner, address, and location information.

Any person furnishing misinformation for purposes of registration or failing to file a registration is guilty of a Class A misdemeanor (35 ILCS 515/4).

A copy of the title must be submitted with the new mobile home registration.

FOR OFFICE USE ONLY
Tax Code _____
Exemption _____
Mobile Home # _____
Real Estate Parcel # _____
Park _____ Lot # _____