

REMOVED Manufactured/Mobile Homes Affidavit

Was your Mobile Home moved off of your property? YES NO

Date moved: Where did it go?

Who moved it?

Do you have a receipt? YES NO (If yes please enclose a copy)

Was your Mobile Home destroyed? YES NO

Date destroyed: How was it destroyed? Fire Demo Other (Explain)

Did you sell the Mobile Home? YES NO

To Whom?

Buyer Address

City State Zip

Date sold: Tax Affidavit #

Receipt YES NO (If yes please enclose a copy)

Please include all documentation with this form Property ID

VIN of Mobile Make & Model of Mobile

Address

City State Zip

I declare under penalties of perjury provided by the laws of the State of Washington that the foregoing statements are true and correct.

Signature Date

Printed Name Contact Phone No.

This form can be submitted a number of ways:

Email: AssessorEmail@islandcountywa.gov

Fax: (360) 240-5565

Delivered/Mailed to: Island County Assessor
Suite 208
1 NE 7th St
Coupeville, WA 98239-5000

For assistance in completing this form, please contact the Assessor's @ (360) 679-7303.