



COUNTY OF CLARION OFFICES OF GIS, MAPPING & ASSESSMENT

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MOBILE HOME OWNERSHIP

Sale date: _____ Map Number: _____ Control Number: _____

Property Address: _____

Seller (name): _____

Buyer (name): _____

Mobile Home Description

Year: _____ Size: _____ Make/Model: _____

Has the mobile home been moved to a new location? Yes No

If **Yes** - Address of new location _____

OR - Please submit a new 9-1-1 Address Request Form

Will the taxes be paid by someone other than the new owner? Yes No

Tax Payer Name: _____

Tax Payer Address: _____

City: _____ State: _____ Zip Code: _____

I VALIDATE THAT ALL CURRENT AND DELINQUENT TAXES HAVE BEEN PAID PRIOR TO THE TRANSFER OF OWNERSHIP

Name: _____

Signature: _____ Date: _____