

PARCEL #: _____

DATE COMPLETED: _____



CITY OF MARSHFIELD ASSESSOR
 630 S CENTRAL AVENUE "UWKVG"428
 MARSHFIELD WI 54449-0727



MOBILE HOME OWNER'S STATEMENT

SECTION 66.058, WISCONSIN STATUTES

<p>To be completed by mobile home owner and park operator. Please submit a completed statement to the assessor within five (5) days of each mobile home arrival. The monthly parking fee (tax) will be computed. Statements of the monthly fee will be mailed to the mobile home owners or the park manager and copies given to the finance department.</p>				
Mobile home park: _____		County:		
		Marathon:		Wood:
Mobile Home Address:				
Lot #: _____		Address: _____		
Mobile Home Owner's Name(s):		Mailing Address:		
_____		_____		
_____		(Street Address/ PO Box)		
_____		(City)	(State)	(Zip)
Arrival Date:		Manufacturer Name: _____		
		Model Name: _____		
Year Manufactured:		Year Purchased:		Purchase Price:
Purchased As:		Width X Length:		Sq. Feet:
New Used		_____ X _____		
Furnished Unfurnished				
Central Air? Yes		Number of bathrooms: _____		Number of Bedrooms: _____
No		Total Number of Rooms (Except Bathrooms): _____		

Please Fill Out Both Sides of Form (Except Shaded Areas)

**Mobile Home Attachments (Additions, Attached Garage, Carport, Open
Porch, Enclosed Porch, Steps, Canopy, Etc.)**

Year Built	Description	Construction (Wood/Metal)	Width X Length	Square Feet	Included With Sale
	Attached Garage		x		
	Deck		x		
	Open Porch		x		
	Enclosed Porch		x		
	Canopy		x		
	Room Addition		x		
			x		
			x		

Mobile Home Detachments (Detached Garage, Shed, Etc.)

Year Built	Description	Construction (Wood/Metal)	Width X Length	Square Feet	Included With Sale
	Detached Garage		x		
	Shed		x		
	Lean-to		x		
			x		
			x		

Personal Property? **Washer** **Dryer** **Dishwasher**
Other Features? **Fireplace** **Other** _____
Were These Items Included in Sale Price? **Yes** **No**

Name Of Mobile Home Owner: _____ **Date:** _____

Email Address: _____

Name (if completed by anyone other than owner): _____

Office Use Only:

G F _____ C & D _____

CDU _____

Notes: _____

Photo Date: _____

Review Date: _____