

GILA COUNTY ASSESSOR'S OFFICE – 504 REQUEST FORM
FAX PHONE NUMBER (928) 425-0408
ATTENTION MOBILE HOME DEPARTMENT

***This is a **REQUEST**. This is **NOT** a property tax clearance. ***

New Owner Information

New Owner: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Previous Owner Information

Previous Owner (not required if new or dealer) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Information On The Location Of The Mobile

Mobile Home Location (present location): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Information About The Mobile Home

Make: _____ Year: _____ Size: _____

Serial Number (VIN #): _____

Factory List Price: _____

Movers Name: _____ Phone#: _____

Destination of Mobile Home

County _____ Trade In: _____

Parcel#: _____ Date 504 Requested: _____

Property Location: _____