

CHRISTINE J. JOHNSON
DeKalb County Treasurer
Administration Building
110 E. Sycamore Street
SYCAMORE, ILLINOIS 60178

OFFICE USE ONLY
Sequence # _____
Tax Code _____
Exemption _____

DEKALB COUNTY MOBILE HOME REGISTRATION

Date: _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Mobile Home located in Licensed Illinois Park? **Yes** _____ **No** _____

Name of Licensed Park: _____ **Lot:** _____

Address of Coach Location: _____

City: _____ **State:** _____ **Zip:** _____

Mobile Home Coach Information:

Mobile Home Make: _____

Mobile Home Model: _____ **Year:** _____

Mobile Home Identification Number: _____ **Title Number:** _____

Mobile Home Size (Outside Measurement): _____

Length (less hitch): _____ **Width:** _____ **Square Footage:** _____

The Illinois Statutes require each owner of an inhabited mobile home in Illinois to file this form with the township assessor where the home is located. Any person furnishing misinformation or failing to file this form is guilty of a CLASS "A" MISDEMEANOR.

I hereby certify that to the best of my knowledge, the above information is accurate:

Mobile Home Owner

Date of Birth

Joint Owner

Date of Birth

Date of Residency

Township Assessor

Park Operator

I hereby make application for a reduction to 80% of the total tax imposed under "An Act to Provide for a Privilege Tax on Mobile Homes".

Answer Yes or No to the following questions:

- A. _____ I actually reside in the mobile home.
- B. _____ I hold title to the mobile home as provided in the Illinois code.
- C. _____ I have reached the age of 65 on or before January 1 of the year in which this statement is filed. (Must present proof of age.)
- D. _____ I was totally disabled on (Date) _____ and have remained disabled until the date of this application. **PLEASE COMPLETE SCHEDULE A BELOW.**

Schedule A

If you received benefit checks for total disability, check the appropriate line and enter your claim number.

_____ Total Social Security Disability

_____ Total Veterans Disability

_____ Total Railroad Retirement Disability

_____ Total Civil Service Disability

My Claim Number is: _____

The undersigned declares under the penalty of perjury that the above statements are true and correct.

Dated: _____

(Signature of Owner)

(Address)

(City) (State) (Zip)

(Phone Number)

Approved By:

(Assessor or County Clerk)

Mail Completed Form to Address on Top of Previous Page