

Email: mobilehome@ttc.lacounty.gov

Fax: (213) 633-5004

Telephone Number: (213) 893-7935

MOBILE HOME TAX CLEARANCE/CONDITIONAL TAX CERTIFICATE REQUEST

*indicates required field

*From:	*Date:		
*Mailing address:	*Phone:		
*City, State, Zip:	Email:		
Escrow Officer:(If applicable)	Escrow Number: (If applicable)		
We hereby request a TAX CLEARANCE CERTIFICATE (if no tax liability exists); or, a CONDITIONAL TAX CLEARANCE CERTIFICATE (if a tax liability exists) for the mobile home described below: CURRENT REGISTERED OWNER'S NAME (As shown on current title with the State) *Seller's Name:			
		*Mobile home address:	
		*City, State, Zip:	
Decal Number: *Serial Number(s):			
*Assessor's Identification Number:			
NEW OWNER'S NAME: (How new title should read)			
*Buyer's name:			
*Buyer's address:(TAX BILLS WILL BE	MAILED TO THIS ADDRESS)		
*City, State, Zip:			
Comments:			

Please be advised that it takes approximately 15 business days to process your Tax Clearance or Conditional Tax Clearance request. Any questions or correspondence should be referred to the attention of the **Mobile Home Unit** at mobilehome@ttc.lacounty.gov or (213) 893-7935.