

Make _____ Model _____

Year _____ Width _____ Length TITLE LENGTH _____ MEASURED LENGTH _____

Serial # _____ Title # _____

Color _____ Trim _____ Type of Siding _____

(Wood, Vinyl, Masonite, Steel, etc.)

full bathrooms _____ # 3/4 bathrooms _____ # 1/2 bathrooms _____ Whirlpool _____
(tub, shower, toilet, sink) (shower, toilet, sink) (toilet, sink)

OPTIONAL FEATURES: (Check only those that apply)

Roof: Gable _____ Flat _____

Central Air: Yes _____ No _____

Window: Bay (protruding-adds floor space) _____ Bow (protruding window only-not to floor) _____

Fireplace: Yes _____ No _____

Overall Condition: Excellent _____ Good _____ Average _____ Fair _____ Poor _____

Add on Rooms & Attached Facilities (Size):

Deck Size _____

Porch Size (Open) _____ (screened) _____ (Fully enclosed) _____

Storage Building(s)/Shed(s) Size _____

Addition(s) Size _____

Date of Mobile Home Purchase _____ Amount _____

Purchased From: Dealer _____ Former Owner _____

Is the Mobile Home: New _____ Used _____

Name and Address of Previous Owner:

Name _____

Address _____

City/State/Zip _____

Please Return To:

Assessor's Office
10 Second St. NW, Room 240
Buffalo, MN 55313

Telephone:

763-682-7367 or 1-800-362-3667 extension 7367