

ELKO COUNTY ASSESSOR
MOBILE HOME DIVISION
P O BOX 8
ELKO, NEVADA 89803
PHONE 775 738 5217

NOTE: PROOF OF OWNERSHIP MUST BE
PROVIDED ON ALL MOBILE HOMES.
EXAMPLE: TITLE, INVOICE, CERTIFICATE
OF ORIGIN.
FAX 775 778 6795

_____ DATE : _____

REGISTER TO : _____ YEAR : _____

LIEN HOLDER: _____ MAKE : _____

_____ SIZE : _____

PURCHASED FROM: _____ SERIAL # _____

DATE PURCHASED : _____ PRICE : _____

NEW OR USED : _____ AMOUNT OF SALES TAX PAID \$ _____

WAS A MOBILE HOME TRADED IN ON THIS UNIT? _____ IF SO, PLEASE GIVE THE YEAR &
MAKE OF YOUR OLD UNIT: _____

LOCATION OF MOBILE HOME : _____

DATE MOBILE HOME WAS PLACED IN NEVADA: _____

LAST YEAR THAT PERSONAL PROPERTY TAXES WERE PAID ON THE MOBILE HOME
DATE : _____ COUNTY: _____

THE FOREGOING AFFIDAVIT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF OWNER: _____ DATE : _____

PLEASE FILL OUT, SIGN, AND RETURN TO THIS OFFICE WITHIN 5 DAYS.