



Lori Grams Aitkin County Treasurer 307 2nd St NW Room 119 Aitkin, MN 56431
218-927-7325

MOBILE HOME CLEARANCE SHEET

APPLICATION TO MOVE ___ TRANSFER TITLE ___ DUPLICATE TITLE ___ SURRENDER TITLE ___

CURRENT TAXPAYER NAME/ADDRESS

FUTURE TAXPAYER **FULL** NAME/ ADDRESS

PHONE NO. _____

PHONE NO. _____

PARCEL NUMBER _____

PRICE PAID _____

YEAR _____

MAKE _____

SERIAL/VIN # _____

Mobile Home on Real Estate: Yes ___ No ___

If Mobile Home is being moved, where is the new location: _____

The mobile home described above was not on the assessment rolls for the following reason:

STATE OF MINNESOTA

COUNTY OF AITKIN

I DO HEREBY CERTIFY THAT THERE ARE NO CURRENT OR DELINQUENT TAXES DUE AND PAYABLE ON THE ABOVE MENTIONED MOBILE HOME.

DATED THIS _____ DAY OF _____, 20___

LORI GRAMS, AITKIN COUNTY TREASURER (SEAL)

BY _____, AITKIN COUNTY DEPUTY TREASURER

A copy of this page is given to the Assessor's Office (Mike). **Continued on other side**



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Attachment to
Mobile Home Clearance Sheet

The information on this form is private data under the Minnesota Government Data Practices Act and is needed for the purposes of tax administration. This Private Data Information Form shall not be placed in a publicly accessible file.

New Taxpayer Name/Address/Include Middle Name

Social Security Number

I certify that the above information is true and correct.

Dated: _____ Signature: _____
