## **Tax Liability Certificate**

COUNTY OF	

	SERIAL NUMBER:	DECAL NUMBER:
	ADDRESS OF MOBILEHOME:	ASSESSOR'S PARCEL NUMBER:
	CURRENT REGISTERED OWNER NAME:	APPLICANT NAME:
	ADDRESS:	ADDRESS:
I hereb	by certify the following:	
	mount) in delinquent taxes were paid pursuant to lendar year (January 1, 2016 – December 31, 201	Revenue and Taxation Code section 5832(f) for the 2016.
☐ Tax	tes, penalties and/or interest not paid as of the datessee(s) of record pursuant to Revenue and Taxat	te of sale remain the responsibility of the prior
Check	applicable box:	
	eax liability still exists(s) for the following prior a	
( <u>Na</u>	<pre>ame of assesse(s)) for the fiscal year(s)</pre>	in the amount of \$(amount).
☐ Th	ere are no additional tax liabilities.	
State of	County Tax Collector f California	
Execut	ed at ( <u>time</u> ), ( <u>county</u> ) County this ( <u>day</u> ) day of ( <u>n</u>	nonth), (year).