



CHEROKEE COUNTY

Building Safety

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Gaffney, SC 29340

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MANUFACTURED HOME TAX CLEARANCE FORM

OWNER(S) NAME: (TITLE TO MOBILE HOME REQUIRED) _____	TAX YEAR: _____
OWNER(S) MAILING ADDRESS: (FOR MAILING TAX NOTICE) _____ _____	OWNER(S) PHONE NUMBER: _____ _____
FROM ADDRESS: _____ _____	TO ADDRESS: _____ _____
MANUFACTURED HOME INFORMATION	
MANUFACTURER: _____ SERIAL NUMBER: _____ MODEL NAME/NUMBER: _____ TITLE NUMBER: _____ MODEL YEAR: _____	
ASSESSOR'S OFFICE (ALL MH TAX CLEARANCE REQUIRED) PRINT NAME: _____	AUDITOR'S OFFICE (CREATE TAX BILL FOR MH MOVE OUT, DEMOLITION, OR GOING TO DEALER'S LOT ONLY) PRINT NAME: _____
DELINQUENT TAX DEPARTMENT (ALL MH TAX CLEARANCE REQUIRED) <input type="checkbox"/> PAID TAX RECEIPT(S) YEAR: _____ PRINT NAME: _____	TREASURER'S OFFICE (COLLECT PAYMENT FOR TAX BILL FOR MH MOVE OUT, DEMOLITION, OR GOING TO DEALER'S LOT ONLY) <input type="checkbox"/> PAID TAX RECEIPT(S) YEAR: _____ PRINT NAME: _____
MOVING REASON	COMMENTS
<input type="checkbox"/> MOVING OUT OF CHEROKEE COUNTY <input type="checkbox"/> MOVING WITHIN CHEROKEE COUNTY <input type="checkbox"/> MOVING TO A DEALER'S LOT <input type="checkbox"/> DEMOLITION	_____ _____ _____