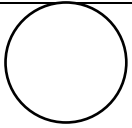


STATE OF ILLINOIS )  
 ) SS.  
 COUNTY OF WILL )



**AFFIDAVIT TO CORRECT MOBILE HOME TAX BILL**

Being first duly sworn on oath and with the knowledge that submission of false information on this affidavit is a violation of the Statutes of the State of Illinois, the undersigned states that the **ORIGINAL Mobile Home Local Services Bill** for the year **20**\_\_, states as follows:

Name \_\_\_\_\_ Park & Lot \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Model & Year \_\_\_\_\_ V.I.N. \_\_\_\_\_ Twp. \_\_\_\_\_

**~ THE ORIGINAL BILL IS IN ERROR FOR THE FOLLOWING REASON ~**

1. The new owner is: Name \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone # \_\_\_\_\_

Date Purchased \_\_\_\_\_

2. The square footage should be: Length \_\_\_\_\_ X Width \_\_\_\_\_ = \_\_\_\_\_ ft<sup>2</sup>

3. The rate was incorrect: Correct Year \_\_\_\_\_ Months Resided \_\_\_\_\_

4. The mobile home was Removed-Destroyed-Vacant as of \_\_\_\_\_

If removed indicate new address here: \_\_\_\_\_

5. The 20% owner occupied reduction was omitted:

a. My date of birth is \_\_\_\_\_, therefore I was 65 **on or before** January 1st of this year.

b. I am totally disabled; my Social Security, Veteran, Railroad, or Civil Service Disability Claim Number is \_\_\_\_\_.

6. Other: \_\_\_\_\_

I hereby declare that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
 SIGNATURE OF AFFIANT



Subscribed And Sworn To Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
 NOTARY PUBLIC