



215 N. Main St. Ste 7
Benton, AR 72015
Phone 501-303-5624 Fax 501-303-5692

Saline County Assessor's Office
Assessment Request for Manufactured Housing

Owner's Name: _____
Last First Middle

Renter's Name: _____
Last First Middle

Seller's Name: _____
Last First Middle

Location (911) Address _____
Address City State Zip Code

Owner's Mailing Address _____
Address City State Zip Code

Owner's Phone# _____ Renter's Phone# _____

Mobile Home Park Name _____ Lot # _____

Land Owner's Name: _____

Date of Purchase _____

Year _____ Make _____ Width _____ Length _____

MH Color _____ Shutter Color _____

Was home at location address at time of purchase? YES _____ NO _____

If no, where was it before? _____

Signature: _____ Date: _____

BY SIGNING ABOVE YOU ARE AFFIRMING THAT YOU ARE THE TRUE OWNER OF THIS MOBILE/MANUFACTURED HOME AND YOU ARE RESPONSIBLE FOR ANY TAXES DUE.

-----Office Use Only-----

Parcel # _____ Assessed for tax year _____

Received date _____ in office _____ by mail