



**COUNTY OF KINGS**  
**DEPARTMENT OF FINANCE**  
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ACCOUNTING DIVISION  
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TAX COLLECTOR • TREASURER DIVISION  
TAX: (559) 852-2479 • TREASURER (559) 852-2477  
FAX: (559) 582-1236

**Mobile Home Tax Clearance Payment Responsibility Form**

PAYABLE BY CASHIERS  
CHECK OR MONEY ORDER

Date: \_\_\_\_\_

APN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Price: \_\_\_\_\_

**Seller/ Current Owner**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Buyer(s)/ New Owner(s)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature(s): \_\_\_\_\_

**Responsible Party for Shortages/ Refunds**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (Mailing): \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

E-mail : \_\_\_\_\_

**OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_

\_\_\_ Money Order    \_\_\_ Cashiers Check