

**DENISE G. EDWARDS, CLA
WEBSTER PARISH ASSESSOR
103 South Monroe Street
P. O. Box 734
Minden, LA 71058-0734
Phone (318) 377-9311 Fax (318) 377-9331**

DATE: _____ DECAL # _____

DEAR MANUFACTURED/MOBILE HOME OWNER:

Please complete the form below to assure that our office may properly identify and assess all manufactured/mobile homes in Webster Parish, as required by law. **(PLEASE ATTACH COPY OF BILL OF SALE AND REGISTRATION)**

Owner's Name: _____ Parcel# _____

Mailing Address: _____

City: _____ Zip: _____

Physical Address: _____

City: _____ Zip: _____

Phone #: _____

Do you occupy the manufactured/mobile home? FULL-TIME PART-TIME RENTAL

Date that the home was placed on property: _____

Do you own the land where the manufactured/mobile home is located? YES NO

If NO, who owns the land (LEGAL NAME): _____

If located in a mobile home park, what is name of park? _____ Lot # _____

Year: _____ Make/Model: _____

Serial or VIN #: _____ Purchase Date: _____

Style: Single Wide Double Wide Modular Width: _____ Length: _____

Quality: _____ 1=Low 2=Fair 3=Average 4=Avg/Good 5=Good 6=Very Good

Condition: _____ 1=Low 2=Fair 3=Average 4=Avg/Good 5=Good 6=Very Good

Exterior Walls: Wood Vinyl Metal

Heating/Cooling: Central Wall None

Roof: Composition Shingle Metal

Front Porch: Length _____ Width _____ Roof Yes No

Back Porch: Length _____ Width _____ Roof Yes No

BASE COST OF HOME: \$ _____ **(COPY OF BILL OF SALE REQUIRED)**

Please bring or mail this form to our office within 10 days. Failure to do so will result in a tax bill.