This is a Fill-in Form. Fill in and print. Print Form Clear Form

OFFICE OF ASSESSOR
COUNTY OF ALAMEDA
ADMINISTRATION BUILDING, ROOM 145, 1221 OAK STREET
OAKLAND, CALIFORNIA 94612-4288
(510) 272-3787 / FAX (510) 272 -3803

PHONG LA
ASSESSOR

CONFIDENTIAL

SUBJECT PROPERTY

APN: **USE:**
LOCATION:
PERMIT NO: **DATE:**
TYPE: **AMOUNT:**
DEED NO: **DATE:**

MOBILE HOME PARK QUESTIONNAIRE

1. GENERAL INFORMATION

PARK NAME_____DATE ACQUIRED_____NUMBER OF SPACES_____
OWNER_____DAYTIME PHONE_____
MANAGER_____DAYTIME PHONE_____

2. SCHEDULED INCOME (Exclude Club Dues and Tenant's Utilities)

NUMBER OF SPACES	MONTHLY RENTAL	NUMBER OF SPACES	MONTHLY RENTAL
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$
@	$	@	$

Other Rentals, Storage and Miscellaneous Income

NUMBER	MONTHLY AMOUNT	TYPE		MONTHLY AMOUNT
@	$	Extra Occupants	@	$
@	$	Guests	@	$
@	$	Children	@	$
@	$	Pets	@	$
@	$	Telephone	@	$
@	$	Vending Machines	@	$
@	$	Laundry	@	$
@	$	Utilities	@	$
@	$		@	$
@	$		@	$
@	$		@	$

TOTAL SCHEDULED INCOME (MONTHLY) $
TOTAL RECEIPTS FOR 20_____ $

AMOUNT	ITEM	AMOUNT
	Collection Losses	$
	Permit	$
	Dues	$
	Maintenance	$
		$
		$
		$
		$
		$

I certify that this information is true and correct to the best of my knowledge:

Sign Here After Printing

Signature of Owner or Agent | Print Name | Telephone | Date