



CURTIS P. NEWPORT
BOONE COUNTY TREASURER
1212 Logan Ave., Suite 104
Belvidere, IL 61008
815-544-2666
<http://boonecountytreasurer.us>

BOONE COUNTY MOBILE HOME REGISTRATION

This form is required pursuant to state law 35 ILCS 515.
Failing to complete this registration or furnishing misinformation is a Class A misdemeanor.

Date _____

Owner's name and address as it appears on the title.
Tax bills will be mailed to this name and address.

Name _____

Address _____

City _____

Phone _____

email _____

Physical location of mobile home

Park _____

Lot # _____

Occupant _____

Address _____

City _____

Mobile Home Information

as it appears on the title

VIN _____	Year _____
Make _____	Model _____
Length _____	Sq. Ft. _____
Width _____	

I certify that the above information is accurate to the best of my knowledge.

Date purchased

Owner signature

Date of birth

Joint owner signature

Date of birth

Park operator signature

Exemption application on reverse side.

**Promptly mail completed form to Treasurer's Office
at the address above.**

Treasurer's
Office use

MH Number

Park

Lot

CURTIS P. NEWPORT
BOONE COUNTY TREASURER
APPLICATION FOR REDUCTION
OF MOBILE HOME LOCAL SERVICES TAX

I hereby make application for a reduction to 80% of the total tax imposed under
"An Act to provide for a local services tax on mobile homes."

Answer **YES** or **NO** to the following questions.

- _____ A. I actually reside in the mobile home as described on this registration.
- _____ B. I hold title to the mobile home as provided in the Illinois Vehicle Code.
- _____ C. I reached the age of 65 on or before January 1 of the year in which this statement is filed.
- _____ D. I became a person with a total disability on _____ and have remained a person
_____ with a disability until the date of this application.

Please complete information below.

_____ Total Social Security Disability	_____ Total Veterans Disability
_____ Total Railroad Disability	_____ Total Civil Service Disability
Disability claim number _____	
Social Security number _____	

**The undersigned declares under the penalty of perjury
that the above statements are true and correct.**

_____	Name _____
Date of application	_____
	Address _____

_____	_____
Owner signature	City ST Zip _____

Date of birth	

Approved by	

This application must be attached to the Mobile Home Registration.