



# CITY AND BOROUGH OF SITKA

A COAST GUARD CITY  
**ASSESSING DEPARTMENT**  
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907-747-1822

## Change of Ownership Form - Mobile Home

As required by State Statute 29.45.140 & Sitka General Code 4.35.060; **Ownership or Possession of property must be reported within fifteen (15) days of acquisition.**

Property ID#: \_\_\_\_\_

Mobile Home Address: \_\_\_\_\_

**Seller**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**New Owner**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Description**

Year \_\_\_\_\_ MFGR \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ X \_\_\_\_\_

Trailer Court Name: \_\_\_\_\_

Date of Sale: \_\_\_\_\_ Sale Price: \_\_\_\_\_

I, hereby, certify that the answers given on this form are true and correct to the best of my knowledge

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

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