

**MENARD COUNTY MOBILE HOME REGISTRATION**

Jacqueline Horn  
Menard County Treasurer  
Court House  
P.O. Box 456  
Petersburg, IL 62675

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**OFFICE USE ONLY**

Tax Code \_\_\_\_\_  
Exemption \_\_\_\_\_  
Mobile Home Number: \_\_\_\_\_  
Real Estate Parcel Number: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Home located in Licensed Illinois Park? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Licensed Park: \_\_\_\_\_

Address of Coach Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mobile Home Coach Information:**

Mobile Home Make:

Mobile Home Model:

Year:

Vehicle Identification Number:

Title Number:

Mobile Home Size (Outside Measurement):

Length (less hitch):

Width:

Square Footage:

The Illinois Statutes require each owner of an inhabited mobile home in Illinois to file this form with the township assessor's office where the home is located. Any person furnishing misinformation or failing to file this form is guilty of a CLASS "A" MISDEMEANOR.

I hereby certify that to the best of my knowledge, the above information is accurate:

\_\_\_\_\_  
Date of Residency

\_\_\_\_\_  
Mobile Home Owner

\_\_\_\_\_  
Joint Owner

\_\_\_\_\_  
Township Assessor

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Park Operator

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	_____
	_____

I hereby make application for a reduction to 80% of the total tax imposed under "An Act to Provide for a Privilege Tax on Mobile Homes"

Answer Yes or NO to the following questions:

- A. \_\_\_\_\_ I actually reside in the mobile home.
- B. \_\_\_\_\_ I hold title to the mobile home as provided in the Illinois code.
- C. \_\_\_\_\_ I have reached the age of 65 on or before January 1 of the year in which this statement is filed (Must present proof of age).
- D. \_\_\_\_\_ I was totally disabled on (Date) \_\_\_\_\_ and have remained disabled until the date of this application. **PLEASE COMPLETE SCHEDULE A BELOW.**

**Schedule A**

If you receive benefit checks for total disability, check the appropriate line and enter your claim number.

_____ Total Social Security Disability	_____ Total Veterans Disability
_____ Total Railroad Retirement Disability	_____ Total Civil Service Disability

My Claim number is: \_\_\_\_\_  
 My Social Security Number is: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Signature of Owner)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Phone Number)

Approved by:

\_\_\_\_\_  
(Assessor or County Clerk)