

Mobile Home MOVING PERMIT

Make _____ Model _____ Serial # _____

Size _____ X _____ Destination _____
County City Court

Current Owner/Purchaser _____

Date issued _____ (permit is valid for 15 days from date issued)

(select appropriate statement)

I, _____, County Director of Tax Equalization of _____ County,
certify that all taxes, penalties and interest levied against the above-described mobile home have been paid.

I, _____, County Director of Tax Equalization of _____ County,
certify that the above-described mobile home is exempt from taxation according to N.D.C.C. ch. 57-55.

******* This Mobile Home Moving Permit must be displayed on the rear of the mobile home while it is being transported. N.D.C.C. § 57-55-11(2)**