STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS

NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILE HOME OR COMMERCIAL MODULAR AND FORWARD TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

1. The Basic Unit $______________
2. Optional Equipment & Upgrades $______________
3. Subtotal $______________
4. Accessories & Accessory Structures $______________
5. Other (Specify)_________________ $______________
6. Delivery & Installation $______________
7. TOTAL SALES PRICE $______________

DOES THE BASIC PRICE INCLUDE:
The Towbar(s) ☐ YES ☐ NO
Tires & Wheels ☐ YES ☐ NO
Wheelhubs & Axles ☐ YES ☐ NO

List number of Rooms:

<table>
<thead>
<tr>
<th>Bedrooms</th>
<th>Dining Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>_______</td>
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<table>
<thead>
<tr>
<th>Baths</th>
<th>Family Room</th>
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<tbody>
<tr>
<td>_______</td>
<td>_______</td>
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<table>
<thead>
<tr>
<th>Kitchen</th>
<th>Utility Room</th>
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<tbody>
<tr>
<td>_______</td>
<td>_______</td>
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</table>

<table>
<thead>
<tr>
<th>Living Room</th>
<th>Other Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______</td>
<td>_______</td>
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</tbody>
</table>

Type of exterior Wall Covering: ____________________________ (Metal, Wood, etc.)
Type of Roof Covering: ____________________________ (Metal, Wood, Composition, etc.)
Heating Type: ☐ Forced Air ☐ Floor or Wall
Air Conditioning: ☐ YES ☐ NO Tons ___________
Evaporative Cooler: ☐ YES ☐ NO
Built-in Cooktop: ☐ YES ☐ NO
Built-in Oven: ☐ YES ☐ NO
Built-in Dishwasher: ☐ YES ☐ NO
Built-in Wet Bar: ☐ YES ☐ NO
Refrigerator: ☐ YES ☐ NO
Roof overhang (Eaves): ☐ YES ☐ NO _______ inches
Furniture Included: ☐ YES ☐ NO Value $_________

Carport: ☐ YES ☐ NO _______ X _______
Awning: ☐ YES ☐ NO _______ X _______
Porch: ☐ YES ☐ NO _______ X _______
Garage: ☐ YES ☐ NO _______ X _______
Storage Shed: ☐ YES ☐ NO _______ X _______
Skirting: ☐ YES ☐ NO _______ LINEAL FEET

The sales price as shown does not include any amount for any in-place location.

The Assessor’s Parcel Number of the installation site is

_____________________________________________________

(Signature)

Address

Telephone

HCD 433(B) (Rev. 2/05)