

APPENDIX "C"

**CITY OF RED BUD
REPLACEMENT MOBILE HOME REGISTRATION FORM**

Owner Information

Applicant/Company Name _____
Home/Work Telephone Number _____
Cell Phone Number _____
Fax Number _____
E-mail Address _____
Street Address _____
City, State, Zip Code _____

Mobile Home Occupants Information

Occupants Name _____
Occupants Telephone Number _____
Street Address _____
City, State, Zip Code _____

Replacement Mobile Home Information

Length and Width _____
Year Manufactured _____
Manufacturer _____
Red Metal Label Attached (YES/NO) _____

(Signature of Owner)

(Date)