

**APPENDIX "C"**

**CITY OF RED BUD  
REPLACEMENT MOBILE HOME REGISTRATION FORM  
Fee: \$100.00**

**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)