

**Manufacture Home Report**

M H PARK NAME: \_\_\_\_\_

Date form Completed: \_\_\_\_\_

Contact Person Name: & Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Double Wide (Modular)

Single Wide:

Parcel No: \_\_\_\_\_

Property Location: \_\_\_\_\_

Serial/Vin / Make / Model /Year: \_\_\_\_\_

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

New Owners Mailing Address: \_\_\_\_\_

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

Previous Owners Name: \_\_\_\_\_

Municipality: \_\_\_\_\_

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

Moved To: \_\_\_\_\_

Pad Number: \_\_\_\_\_

Story Height: \_\_\_\_\_

Roofing: \_\_\_\_\_ Asphalt, Shingls, Metal; etc.

Exterior Wall Type: \_\_\_\_\_

Size/length: \_\_\_\_\_ Length \_\_\_\_\_ Width

Number of families: \_\_\_\_\_

Color: \_\_\_\_\_

Attic: \_\_\_\_\_

Fireplace: \_\_\_\_\_ Gas or Wood buring

Additions: \_\_\_\_\_ sq.ft

Porches: \_\_\_\_\_ sq.ft

Decks: \_\_\_\_\_ sq.ft

Full baths: \_\_\_\_\_ Number

Half baths: \_\_\_\_\_ Number

Extra fixtures: \_\_\_\_\_ Kitchen&hot water heater would be 2

Heat type: \_\_\_\_\_ Forced air, elc, baseboard, heat pmp

Fuel type: \_\_\_\_\_ Oil, Gas, Coal, Electric,Propane

Air conditioning: \_\_\_\_\_ Yes (central or wall) or no

Number bedrooms: \_\_\_\_\_

Total rooms: \_\_\_\_\_

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

Purchase Price: \_\_\_\_\_

Date MH leaving Park and new Location \_\_\_\_\_

**\* Please return a copy of the title with this form\***

Please Mail each month to Property Assessment Office  
150 N. Queen Street Suite 310  
Lancaster, PA 17601

Copy to:  
Assessment Office  
Owner  
Park Owner