

STATE OF CALIFORNIA  
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
REGISTRATION AND TITLING PROGRAM



**NOTICE OF ATTACHMENT**

**SECTION I. DESCRIPTION OF UNIT**

This unit is a (check one):  Manufactured Home, Mobilehome, Multifamily Manufactured Home  Commercial Modular

The Decal (License) Number(s) is: \_\_\_\_\_

The Trade Name is: \_\_\_\_\_

The Serial Number is: \_\_\_\_\_

**SECTION II. ACTION REQUESTED**

I hereby request the Department of Housing and Community Development to: (Check One)

- 1. File and index a Notice of Attachment
- 2. Release the Notice of Attachment
- 3. Extend for one year, the filing and indexing of the Notice of Attachment on the above-described unit.

**SECTION III. REGISTERED OWNER NAME AND ADDRESS INFORMATION**

Registered Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box City State Zip

Location Address of Unit: \_\_\_\_\_  
Street and Number City State Zip

**SECTION IV. STATEMENT OF FACTS**

The above-described unit is the equipment of a going business in the possession of, or under control of the following named defendant, \_\_\_\_\_ whose last known mailing address

is \_\_\_\_\_  
Enter Address

The following named plaintiff, \_\_\_\_\_ whose mailing address is \_\_\_\_\_

has acquired an attachment lien on the described unit in \_\_\_\_\_ court under \_\_\_\_\_  
Enter Title of Court Enter Cause and Number of the Action

**SECTION V. CERTIFICATION**

I/We certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Levying Officer \_\_\_\_\_

Printed Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Agency Employed by: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_