

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



INFORMATION - TITLE SEARCH REQUEST

SECTION I. REQUESTOR INFORMATION

Name: _____

Company Name: _____

Address: _____
Street Address or P.O. Box *City* *State* *Zip*

File No.: _____ Telephone No.: (____) _____

SECTION II. DESCRIPTION OF UNIT

INSTRUCTIONS: If a multiple unit manufactured home/mobilehome is currently registered under MULTIPLE DECALS (or LICENSE PLATES), show the number for each and the corresponding serial numbers. If registered under ONE DECAL, show the decal number once, followed by a vertical line in the decal column to correspond with the serial numbers.

DECAL/LICENSE NUMBER(S)	SERIAL NUMBER(S)	HUD LABEL / HCD INSIGNIA #

SECTION III. REGISTERED OWNER INFORMATION

Registered Owner Name: _____
Last *First* *M.I.*

Address: _____
Street *City* *State* *Zip*

SECTION IV. SERVICE REQUESTED

INFORMAL \$25.00 Information indicating the current status of the Department's record for the unit as of the date the inquiry is processed.

FORMAL \$35.00 Information indicating the current status of the Department's record for the unit as of the date the inquiry is processed, with follow-up notices of any changes to the record within 120 days of the initial inquiry.

NOTE: Section I, "Requestor Information" must be completed in full to receive follow-up notices.

Mail the completed form and appropriate fee to: HCD - Title Search Request, P.O. Box 1828, Sacramento, CA, 95812-1828. For information on establishing a requestor account, contact HCD at (916) 274-0676.

SECTION V. CERTIFICATION

I certify under penalty of perjury under the laws of the State of California that the information received will not be used for any unlawful purpose.

Executed on _____ at _____
Date *City* *State*

Signature: _____