NOTICE TO ASSESSOR

THIS FORM MUST BE COMPLETED BY THE OWNER OF A MANUFACTURED HOME, MOBILE HOME OR COMMERCIAL MODULAR AND FORWARDED TO THE COUNTY ASSESSOR UPON COMPLETION OF THE INSTALLATION OF THE UNIT ON A FOUNDATION SYSTEM PURSUANT TO SECTION 18551 HEALTH AND SAFETY CODE.

ORIGINAL PURCHASE PRICE FOR:

1. The Basic Unit $______________
2. Optional Equipment & Upgrades $______________
3. Subtotal $______________
4. Accessories & Accessory Structures $______________
5. Other (Specify) $______________
6. Delivery & Installation $______________
7. TOTAL SALES PRICE $______________

DOES THE BASIC PRICE INCLUDE:

<table>
<thead>
<tr>
<th>Item</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>The Towbar(s)</td>
<td></td>
<td></td>
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<tr>
<td>Tires &amp; Wheels</td>
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<tr>
<td>Wheelhubs &amp; Axles</td>
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Type of Exterior Wall Covering: ____________________________ (Metal, Wood, etc.)

Type of Roof Covering: ____________________________ (Metal, Wood, Composition, etc.)

Heating Type:

- Forced Air
- Floor or Wall

Air Conditioning: YES NO

Evaporative Cooler: YES NO

Built-in Cooktop: YES NO

Built-in Oven: YES NO

Built-in Dishwasher: YES NO

Built-in Wet Bar: YES NO

Refrigerator: YES NO

Roof Overhang (Eaves): YES NO inches

Furniture Included: YES NO

Value $______________

(LENGTH X WIDTH)

Carport: YES NO

Awning: YES NO

Porch: YES NO

Garage: YES NO

Storage Shed: YES NO

Skirting: YES NO

Value $______________

LINEAL FEET

LIST NUMBER OF ROOMS:

- Bedrooms ________ Dining Room ________
- Baths ________ Family Room ________
- Kitchen ________ Utility Room ________
- Living Room ________ Other Rooms ________

The sales price as shown does not include any amount for any in-place location.

The Assessor’s Parcel Number of the installation site is ____________________________

________________________________________

(Signature)

Address

Telephone

HCD 433(B) (Rev. 2/05)