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



## REQUEST FOR CONFIDENTIALITY

HCD RT 485.7 (Rev. 05/20)

## SECTION I. INSTRUCTIONS

Printed Name of Registered Owner: \_

- 1. **To request** confidentiality of your home address: Complete Sections II, III, and IV. Only one registered owner is required to sign the certification in Section IV.
- 2. **To remove** confidential status from your unit's record: Complete Sections II and V. Only one registered owner is required to sign the certification in Section V.

required to sign the certification in Section V.  3. Return the completed form with the fee of \$7.00 to: HCD, Registration and Titling Program, P.O. Box 277820, Sacramento, CA 95827-7820					
SECTION II.	DESCRIPTION		·		
This unit is a (check or	•	/lultifamily Manufactured Hor	me   □Commercial Modular   □	Floating Home [	☐ Truck Camper
The Decal (License) N	umber(s) is:				
The Trade Name is:					
The Serial Number(s)	s:				
SECTION III.	CONFIDENT	IAL HOME ADDRES	S INFORMATION		
Enter Location Addres			City	State	Zip
Enter Current Mailing	Address: Street	Address or P.O. Box	City	State	Zip
2. The maili	ion address and r ng address showi	nailing address shown ab n above is also confidentia	al.		
Alternate Mailing Addr	ess: Street /	Address or P.O. Box	City	State	Zip
SECTION IV.	REGISTERE	D OWNER CERTIFIC	CATION		
I request Confidentiality of Home Address and certify under penalty of perjury under the laws of the State of California that the Mailing Address or Alternate Mailing Address shown above is the correct address to be used for all mailings from the department and to receive service of process. I understand that this address will be open for public inspection.					
	Date	at	City	State	e
Signature of Registere	d Owner:				
SECTION V.	REMOVAL C	F CONFIDENTIALIT	Y OF HOME ADDRES	S	
I request that the Conf	identiality of Hom	e Address be removed. T	he addresses to be shown o	n record are:	
Mailing Address:					
Location (Situs) Addre	ss:				
Signature of Registere	d Owner:				