## IERRA COUNT

## Office of the Assessor Sierra County

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ASHLEIGH COULTER

MICHAEL D. HUSTON

County Assessor

Chief Deputy Assessor

Year/Application # _	
Date of Request	
Received by	

## **REQUEST TO CHANGE VALUATION STATUS** FOR A MANUFACTURED HOME

I hereby request that the Manufactured Home listed below be changed to real property as per Subsection D of Section 3.6.5.33 NMAC and that if not, be valued in accordance with Section 7-36-26-NMSA 1978. I also request the title to the Manufactured Home be deactivated in accordance with 18 NMAC 19.3.18. Real property status will be based on the following:

- 1) Owner of Manufactured Home must own the Real Estate as well.
- 2) Tongue and Axles must be removed and home must be affixed to a permanent foundation (14.12.2 NMAC).
- 3) All taxes for the Manufactured Home have been paid in full including current year taxes.
- Title to Manufactured Home has been deactivated and evidence has been provided to Assessor's Office\*\*\*.

I understand that honoring this request may change the amount of property tax assessed for current and future years with respect to this Manufactured Home. I also understand that treatment of this Manufactured Home as Real Property applies only for property taxation purposes and does not determine whether a property is eligible for financing through a mortgage company. I also understand that I must present the title free of liens and encumbrances to the Motor Vehicle Division for deactivation.

MANUFACTURED HOME INFORMATION				
MH Account #	Year	Make	Size	
Land Account #	Serial/VIN #		MH Plate #	
UPC / Parcel #				
Physical Address of MH				
Property Owner making requ	uest:			
Name (Print):			Phone #	
Mailing Address:				
City, State, Zip				
Signature of Owner making r	equest		Date	
Following portion to be com	pleted by County Assessor's	s Office after inspecti	on.	
•			cribed above will be valued for property taxation factured Home has been deactivated in accordance	
Appraiser Signature			Date	
For Assessor Office Use Only	,			
Receipt of Deactivated Title (	Date)		For Tax Year	
***Approval will not be made	unless a copy of the deact	ivated title is receive	d by the Assessor's Office.	
Approved Yes No	Final Approval Date _		Signature(Assessor/Authorized Agent)	