



MOBILE HOME DMV TRANSACTION REQUEST

8481 NW 39TH CIR | GAINESVILLE FL 32653-0082 | info@titleclerkservices.com | Fax: 352-320-2770 | TEL: 239-989-8140

DATE: _____

_____ Title Search/Verify _____ Transfer Title _____ Duplicate Title w/transfer _____ Retire Title

YOUR NAME: _____ YOUR COMPANY: _____

YOUR FILE # _____ YOUR TEL # _____ CLOSING DATE: _____

PROPERTY INFORMATION

TRANSFERER'S (SELLER) *NAME: _____

TRANSFEEE'S (BUYER) NAME: _____

PROPERTY ADDRESS: _____

COUNTY: _____ STRAP/PARCEL ID #: _____

LIENHOLDER NAME: _____ DATE OF LIEN: _____

MOBILE HOME INFORMATION

YEAR: _____ MAKE: _____ LENGTH: _____ TYPE: S/W D/W T/W

IDENTIFICATION NUMBER/S	TITLE NUMBER/S	RP DECAL NUMBER/S
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Does the DMV owner-of-record match the transferer name? YES NO UNKNOWN

*Will the transferer/seller provide the current DMV paper titles? YES NO UNKNOWN

*If you answered NO or UNKNOWN to either question, we need more information before we can provide a quote for services. Please fax or email this completed form and we will contact within 24 hours to better serve you.

INSTRUCTIONS: Transaction quotes are based upon the information submitted. If the information is incomplete or inaccurate, the final costs may vary. Please provide as much information as available, and fax or email this form to Title Clerk Services, Inc. We respond by email. Call or email anytime with questions.