



2025

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**CITY OF SALEM  
RETURN OF MOBILE HOMES  
(THIS FORM MUST BE RETURNED BY )**

Account #

Please Correct name, address and mobile home information where necessary. This form must be returned to our office by

YEAR	MAKE	MOBILE HOME ID NUMBER	TITLE	L & W	<u>Lot/slip/unit:</u>
WAS THIS MOBILE HOME LOCATED IN SALEM ON ?				YES	NO
IS THE NAME ABOVE THE OWNER OF THIS MOBILE HOME ON ?				YES	NO
IF EITHER ANSWER IS NO, PLEASE PROVIDE NAME & ANY INFORMATION AVAILABLE ABOUT THE NEW OWNER _____ _____ _____					

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_

Co-Taxpayer or Spouse \_\_\_\_\_ Phone \_\_\_\_\_

ANY MOBILE HOME/VEHICLE PURCHASED MUST BE REPORTED TO THIS OFFICE WITHIN 30 DAYS FROM THE DATE OF PURCHASE OR THERE WILL BE A 10% LATE FILING PENALTY.

Kristie D. Chittum  
COMMISSIONER OF THE REVENUE  
114 N. BROAD ST. P.O BOX 869 SALEM, VA 24153  
PHONE 375-3019 FAX 375-3048