SD EForm - 1309 V3

Complete and use the button at the end to print for mailing.

HELP

SOUTH DAKOTA MOBILE HOME LISTING FORM AND ASSESSMENT RECORD
(Must be filed with County Director of Equalization during January each year.)
DECAL No. _____ shall be attached to the right front of the mobile home. SDCL 10-9-11

TAXPAYER INFORMATION

NAME: _____

MAILING ADDRESS _____
Street Address

_____ City _____ State _____ Zip

OWNER OCCUPANCY STATUS

I am the current owner of this mobile home YES ☐ NO ☐

I am the current occupant of this mobile home YES ☐ NO ☐

This is the only single family dwelling for which I am applying YES ☐ NO ☐

This is my principal place of residence YES ☐ NO ☐

If purchased under conditional sales contract, give name and address of both the seller and lien holder.

Seller _____

Lien Holder _____

MOBILE HOME INFORMATION

Legal Description of Location of Home:

School District _____

County _____

Manufacturer_____

Model or Make_____

Serial Number _____

Year Manufactured _____

Date Delivered to Customer _____

Width/Length _____Title No. _____

New or Used Mobile Home: New ☐ Used ☐

Condition: Excellent ☐ Good ☐ Fair ☐

Poor ☐ Very Poor ☐ $_____SRP

Previous Registration: Decal Number _____

County_____ Taxes paid _____

STATE OF SOUTH DAKOTA

County of _____ss

I (we) affirm under the penalties of perjury that the information here stated contains a full and correct statement of description of my mobile home to the best of my knowledge and belief.

_____ Signature of Taxpayer

_____ DATE

Date filed with Director of Equalization _____ Received by _____

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1. Mobile home full and true value without pers. prop. as noted on PT 24) $_____ Other Improvements _____ $ _____0.00
2. Adjustment factor (if applicable) . . . . . _____1.00
3. Adjusted value (if applicable) . . . . . $ _____0
4. For less than 12 months (10-9-8):Line 3 $ _____0 divided by 12 = $ _____0.00
   Times months remaining in year _____ = pro rated value . . . . . $ _____0.00
5. Penalties, if any (10-9-5)(failure to list) . . . . . $ _____
6. Total Assessment (for tax purposes) . . . . . $ _____0.00

_____
County Director of Equalization

LAST YEAR'S ASSESSED VALUE = $_____

THIS YEAR'S ASSESSED VALUE HAS INCREASED OVER LAST YEARS ASSESSED VALUE BY _____%.
The Director of Equalization will provide the property owner, upon request, sales of comparable property or other information supporting the increased assessed valuation. You have the right to appeal this valuation thru the appeal process. This process is explained on this valuation notice. (below)

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CERTIFICATE TO TAXPAYER

The above contains a correct copy of your mobile home assessment and the tax due and payable on such. This tax is due and payable immediately to the County Treasurer, provided, however, that tax will not become delinquent if one half of the tax is paid on or before April thirtieth and the second half paid on or before October thirty-first of the year it was registered. If registered after April thirtieth the tax must be paid on or before October thirty-first of that year. If the mobile home is registered after October thirty-first, the taxes for that year shall be paid within thirty days. The penalty shall be added on the first day of May and on the first day of each month thereafter until paid. The penalty shall attach and be a charge upon the taxes if the tax becomes delinquent. The County Treasurer is required to file notice as provided by law and 45 days thereafter issue a distress warrant to the Sheriff. Complaint on your assessment may be made to your local Township or Municipal Board of Equalization by filing a written notice of appeal with the clerk of the local board of equalization no later than the Thursday preceding the third Monday in March. (postmarked by deadline is considered timely) The local board of equalization meets on the third Monday in March and is in session for five days. From the decision of your local board, you may appeal to your county board by filing a written notice of appeal with the county auditor on or before the first Tuesday in April. (postmarked by deadline is considered timely)
County Board of Equalization meets on the second Tuesday in April and shall adjourn no later than three weeks after the second Tuesday in April. Appeal from your County Board may be taken to the State Office of Hearing Examiners. Such written notice must be filed with the Chief Hearing Examiner, 210 E. Fourth, Pierre, South Dakota, 57501, no later than the third Friday in May (postmarked by deadline is considered timely). Appeals to the Circuit Court may be taken from the county board or the Office of Hearing Examiners within thirty days from the publication of the decision. An appeal from the county board to circuit court will prevent an appeal to the Office of Hearing Examiner. However, you may appeal the decision of the Office of Hearings Examiner to circuit court.

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Original (white) retained by Director of Equalization
Copy 1 (green) to County Auditor Copy 3 (pink) to Conditional Seller
Copy 2 (canary) to Treasurer Copy 4 (goldenrod) to Taxpayer

_____
County Auditor

PT 6 (7/09)

PRINT FOR MAILING

CLEAR FORM