



City of Carlin
 PO BOX 787
 Carlin, NV 89822
 Phone: 775-754-6354
 Fax: 775-754-6912

Monthly Vacancy Report
 Month _____ Year _____

Owner Information

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ Email: _____

Property Type and Location

*****ONLY list the CHANGES for the month*****

Single Residence - Commercial – Trailer/RV Parks

Unit/Apt/House #	Date of Occupancy	Date of Vacancy	Circle One
			Single Residence/RV/Trailer/Commercial
			Single Residence/RV/Trailer/Commercial
			Single Residence/RV/Trailer/Commercial
			Single Residence/RV/Trailer/Commercial
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			Single Residence/RV/Trailer/Commercial
			Single Residence/RV/Trailer/Commercial

IMPORTANT INFORMATION

*The Report is DUE by the 20th of the month. (If not received on time then credit will not be given)

*Any changes made after the 20th please list on the next month's report.

*Credit will not be issued for past month vacancies.

*Forms will be accepted by fax, in person, mail, drop box and/or email (htrujillo@cityofcarlin.com).

(By returning this form via fax, you assume the responsibility of verifying receipt)

*Under penalties of perjury, I the undersigned, declare that I am the Owner, Manager, or Authorized Agent of said property, and the information or statements contained herein are true and correct of my own knowledge.

Signature: _____

Date: _____

Title: _____