



GreenState

CREDIT UNION

PROPERTY LOCATOR

THIS CERTIFICATE MUST BE COMPLETED AND SUBMITTED WITH ALL CONTRACTS

DEAR CUSTOMER,

MAILING ADDRESS _____

CITY – STATE ZIP CODE _____

DEALER NAME _____

DEALER ADDRESS _____

CITY – STATE – ZIP _____

MANUFACTURED HOME PARK/COMMUNITY

NAME OF COMMUNITY _____ PHONE # _____

MANAGERS NAME _____

NEW PHYSICAL ADDRESS OF HOME: MAILING ADDRESS (IF DIFFERENT)

MAILING ADDRESS _____

CITY – STATE – ZIP CODE _____

DIRECTIONS TO MANUFACTURED HOME _____

DEALER SIGNATURE DATE

BORROWER SIGNATURE DATE