

**DORCHESTER COUNTY
MANUFACTURED HOME REMOVAL DECLARATION**

Name: _____ **Date:** _____

Address: _____

TMS #: _____

To Whom It May Concern:

I, _____ will remove the existing manufactured home located at _____ upon the set-up and inspection of the new manufactured home. The time period for completion of this is “**Thirty Days**” from the approval of the new MH inspection.

Owner Signature

Sworn before me this the _____ day of _____, _____

Notary Public for SC

My Commission Expires