

Property Combination Request Form for Contiguous/Adjacent Parcels

Township/City: _____

Property Owner(s): _____

Parcel to Combine: _____

NOTICES & ADVISEMENTS – (all must be initialed by property owner)

Initials _____ New Property ID numbers will be issued for the combined parcel. If you receive a Principle Residence Exemption you will need to **REFILE** on the new number.

Initials _____ Upon receipt of this form, the combination will be completed with the appropriate office and will be activated on next years assessment roll automatically. All billings of Tax bills for the CURRENT year will be issued on the parent parcels. The current year ends 12/31. We do not reply to requests received. We will notify you in writing only if there is a problem with your request.

Initials _____ The Property Tax Certificate (page 2) is attached.

Initials _____ **Faxed copies are not accepted. Please mail this form and all correspondence to the address listed at the top of this form.**

All of the following requirements must be met:

- 1) All parcels combined MUST have the exact same ownership and same owners;**
- 2) All parcels must be in the same section or same platted subdivision;**
- 3) All parcels must be adjacent**

By submitting this form, you are consenting to the combination of your legal descriptions and property tax bills for the next assessment cycle. Assessment cycles are on a calendar year basis. You will not receive confirmation after submitting this form unless there are problems with this request. Please be advised that if you have purchased one of the parcels in the current year and wish to combine that with a parcel you have owned longer than one year, your combination will be held for an additional year and will be completed when the appropriate time has arrived. (Example: Parcel 1 to be combined with Parcel 2, Parcel 1 was purchased in the year 2000, Parcel 2 was purchased in 2005, this combination will not be completed until 2007.) This exception is not applicable if you have purchased all of the parcels in the same calendar year. By signing the request form below, you are realizing the information contained in section II and certify that you are the owner of the property and have consent to authorize the property combination.

**** ALL OWNERS SIGNATURES ARE REQUIRED ****

SIGNATURE: _____

Date: _____

----- OFFICE USE ONLY -----

Date Received : _____ New Parcel ID: _____

Property Tax Certificate

***** It is the applicant's responsibility to have this portion of the application completed by your County Treasurer's Office *****

All Parcel Numbers to be Combined:

Owner Name: _____

Property Tax's are paid in full _____ (County Treasurers Initials)

I hereby certify that for the five years preceding the ____ day of _____, _____ that there are no tax liens or titles held by the state for any unpaid taxes, except such taxes as may be in the process of collecting.

I, hereby, certify that the above information is true and accurate to the best of our ability.

County Treasurer's Signature: _____

County Treasurer's Name (Printed): _____ Date: _____