

TAX PARCELS COMBINATION REQUEST

MAP & PAGE _____

DATE _____

I, _____ as the owner, owner's representative do hereby
 authorize request the Washington County Auditor to combine the following parcels
located in the taxing district of _____ .

For all parcels to be combined, the following must be the same for each parcel:

Deed Reference	Name (or Names)
Section, Town Range	Lot Number
Taxing District	Parcels must be contiguous

PARCEL NUMBERS:

Buildings: Yes No

Current Owner _____

REASON FOR COMBINATION REQUEST:

- Planning Commission Requirement Building Permit Personal Convenience
 Other _____

*** I understand that the parcels must be contiguous (touching) and that the title must be held identically in each parcel to be combined.**

Signed _____

Phone # _____

**** Since taxes are assessed on each parcel according to its status on January 1 of the current year, your tax bills for this year will not reflect the combination.**

***** Once the combination form has been filed, you must seek Planning Commission approval to split properties.**

AUDITOR'S COMMENTS

GIS MAP VERIFIED	<input type="checkbox"/>
OWNERSHIP VERIFIED	<input type="checkbox"/>
PARCEL SHEET VERIFIED	<input type="checkbox"/>

PARCEL NUMBER RETAINED: _____

DEPUTY AUDITOR: _____