



COMBINATION REQUEST FORM

A combination is a courtesy to the public not a requirement by state statutes

Pablo A. Ramos

Assessor

I hereby request that the following parcels be combined into a single parcel for tax purposes.

BOOK _____	MAP _____	PARCEL _____
BOOK _____	MAP _____	PARCEL _____
BOOK _____	MAP _____	PARCEL _____
BOOK _____	MAP _____	PARCEL _____
BOOK _____	MAP _____	PARCEL _____

I AM THE CURRENT OWNER OF RECORD FOR SAID PARCELS.

NAME (please print): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20_____.

By _____.

Notary Public

Notary Expiration Date

.....
FOR OFFICIAL USE ONLY

Application for combination of the above referenced parcels for the 2021 Tax Roll has been made and approved.

Verified Taxes Paid _____
 Identical Ownership _____
 Taxing Authority _____

Application **DISAPPROVED** because:

- _____ Taxes payment due
- _____ Ownership not held the same
- _____ Parcels not in the same Taxing Authority

By: _____ Date _____.

Assessor's