

WTH \_\_\_\_\_

MVP \_\_\_\_\_

911 \_\_\_\_\_

Effective for Tax Year: \_\_\_\_\_

# REQUEST TO COMBINE ADJOINING PARCELS FOR TAX PURPOSES

IC 6-1.1-5-16

This combination will **NOT** be completed if any of the following conditions exist at the time of processing,

- 1) any overdue taxes exist on any of the parcels
- 2) deeded ownership doesn't match exactly
- 3) parcels are not contiguous (sharing a common border; touching)
- 4) parcels lie in different sections.

A deed or survey with current legal descriptions may be requested to accompany this combination form. Combinations create a single parcel and cancelling or undoing such will require the recording of a survey and deed showing the individual parcels for splitting.

**Parcel Numbers.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Resultant Parcel**

I hereby certify that I have read and understand the conditions herein. Upon approval from all departments listed below, I authorize the Auditor's office to process this combination request for the above listed parcel numbers.

**Deeded Name(s).**

\_\_\_\_\_

\_\_\_\_\_

**Tax Mailing Address.**

\_\_\_\_\_

\_\_\_\_\_

**Phone Number.**

\_\_\_\_\_

**Owner Signature.**

\_\_\_\_\_

**Date.**

\_\_\_\_\_

**Assessor Signature (1).**

\_\_\_\_\_

**Date.**

\_\_\_\_\_

**Treasurer Signature (2).**

\_\_\_\_\_

**Date.**

\_\_\_\_\_

**Auditor Signature (3).**

\_\_\_\_\_

**Date.**

\_\_\_\_\_