Combination Request Form

Allen Township, Hillsdale County, Michigan

This form is to be used by an owner of real property to request two or more parcels be combined into one parcel identification number for property tax purposes. For multiple properties to be combined into one parcel identification number all parcels involved must, at a minimum, meet the following criteria:

- > Title to the properties must be identical in ownership.
- ➤ Have no delinquent taxes.
- > Any applicable mortgage or lien must have included all properties in this request.

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Print or type in blue or black ink						
PART 1: Owner Information						
Name of Owner (First, Middle, Last)	Property	Address	Mailing Addre	ss		
Name of Co-Owner (First, Middle, Last)	Daytime Tele	ohone Number	Mailing Address City, State, Zip			
*If there are more than two (2) co-owners of the properties listed in part 2 please list additional owners on the back of this form.						
PART 2: Parcel Identification Numbers						
Parcel 1	Par	cel 2	Parcel 3			
Parcel 4	Par	cel 5	Parcel 6			
**If more than six (6) parcels are requested to be	combined, continue on t	he back of this form.	•			
Answer the following questions:						
1. Are there delinquent property t	_	als listed in Part 2	7 Ves	\square No		
1. The there definduent property t	axes on any pared	213 HSted III I art 2	<u> </u>	_140		
2. Is there a mortgage or other lie	n on any parcele	isted in Part 29	$\sqcap \mathbf{v}_{ac}$	\square No		
	es, answer questi					
·	•	•				
3. If you answered yes to question						
in the same mortgage or o	other lien?	•••••	\(\text{Yes} \)	\square No		
	PART 3: C	ertification				
Certification: I certify under penalty of perjur	_					
Owner's Signature	Date	Co-Owner's Signature	e	Date		
When completed return the	his form to:	Chris Renius	, Township Assessor			
PO Box 111						
		Ottawa Lake	, MI 49267			
		734-347-8109				
LOCAL GOVERNMENT USE ONLY (do not write below this line)						
Combination Request Approved? ☐ Yes ☐ No - If yes, 1 st year effective will be 20						
If no, state reason for disapproval						
		/ /	20			
G			20			
Supervisor/Assessor Signature		Date				

PART 1 Continued : Owner Information				
Name of Co-Owner 3 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 4 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 5 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 6 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 7 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 8 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 9 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 10 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 11 (First, Middle, Last)	Signature	Date		
Name of Co-Owner 12 (First, Middle, Last)	Signature	Date		

PART 2 Continued: Parcel Identification Numbers				
Parcel 7	Parcel 8	Parcel 9		
Parcel 10	Parcel 11	Parcel 12		
Parcel 13	Parcel 14	Parcel 15		
Parcel 16	Parcel 17	Parcel 18		
Parcel 19	Parcel 20	Parcel 21		
Parcel 22	Parcel 23	Parcel 24		
Parcel 25	Parcel 26	Parcel 27		
Parcel 28	Parcel 29	Parcel 30		