

Combination Request Form

Jefferson 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.

Print or type in blue or black ink

| PART 1: Owner Information | | |
|---|---------------------------------|---|
| Name of Owner (First, Middle, Last) | Property Address | Mailing Address |
| | | |
| Name of Co-Owner (First, Middle, Last) | Daytime Telephone 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.
 **If more than six (6) parcels are requested to be combined, continue on the back of this form.*

| PART 2: Parcel Identification Numbers | | |
|---------------------------------------|-----------------|-----------------|
| Parcel 1 | Parcel 2 | Parcel 3 |
| | | |
| Parcel 4 | Parcel 5 | Parcel 6 |
| | | |

Answer the following questions:

1. Are there delinquent property taxes on any parcels listed in Part 2? Yes No
2. Is there a mortgage or other lien on any parcels listed in Part 2? Yes No
 If yes, answer question 3, If no skip to the Part 3.
3. If you answered yes to question 2, are all properties listed in Part 2 included in the same mortgage or other lien? Yes No

| PART 3: Certification | | | |
|--|-------------|-----------------------------|-------------|
| Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge. | | | |
| <i>Owner's Signature</i> | <i>Date</i> | <i>Co-Owner's Signature</i> | <i>Date</i> |
| | | | |

When completed return this form to:

Rex Murphy, Township Assessor
2837 Bird Lake Road
PO Box 31
Osseo, MI 49266
517-523-3165 Ext. 4
jgpassessor@gmail.com

LOCAL GOVERNMENT USE ONLY (do not write below this line)

Combination Request Approved? Yes No - If yes, 1st year effective will be 20_____

If no, state reason for disapproval_____

_____/_____/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 |
| | | |