

OWNER'S REQUEST TO COMBINE PARCELS

Name: _____

Address: _____

Phone #: _____

Parcel numbers you wish to combine:	Zoning Districts	Tax District
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR REQUEST: _____

*Combinations requested in the current year will appear on the following year's assessment and tax rolls unless otherwise requested. **Request combined tax bill for Current year**_____



- 1) Parcels must meet the following minimum requirements to be eligible for combination into one tax parcel:
 - a) All parcels are contiguous
 - b) The ownership for all parcels is held exactly the same
 - c) The parcels are in the same municipality and tax district
 - d) There are **no delinquent taxes**

- 2) The combination has been approved by the owner

Owner signature	Date
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- 3) **AFTER OWNER HAS APPROVED COMBINATION BY SIGNING THIS FORM, RETURN TO:**
 Jefferson County Land Information Office
 Jefferson County Courthouse
 311 S Center Ave Rm 101
 Jefferson WI 53549
 Phone: (920)674-7254

- 4) The combination has been reviewed by County Treasurer for any delinquent taxes.

Jefferson County Treasurer signature	Date
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- 5) The combination has been reviewed by the Zoning Department

Comments: _____

Zoning department signature	Date
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All County Departments must sign and comment before the Assessor's signature and approval. The Assessor may use other criteria to approve or deny this request.

- 6) The combination has been approved by the municipal assessor

Assessor signature	Date
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OFFICE USE ONLY. DO NOT FILL IN BELOW THIS LINE.

_____ Date request was received
 _____ Date request was completed