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.

Print or type in blue or black ink

PART 1: Owner Information						
Name of Owner (First, Middle, Last)	Proper	y Address	Mailing Addre	ess		
Name of Co-Owner (First, Middle, Last)	Daytime Tele	ephone 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	Pa	rcel 2	Parcel 3			
Parcel 4	Pa	rcel 5	Parcel 6			
**If more than six (6) parcels are requested to be	combined, continue on	the back of this form.				
Angway the following questions:						
Answer the following questions:	-	1 11 . 11 D . 20				
1. Are there delinquent property to	axes on any parc	els listed in Part 2	? ⊔ Yes	□No		
2. Is there a mortgage or other lies	n on any parcels	listed in Part 2?	\(\sum \text{Yes} \)	\square No		
If yo	es, answer quest	ion 3, If no skip to	the Part 3.			
2. If you appropriate you to question	2 ama all mmama	ution listed in Dout) in alvidad			
3. If you answered yes to question						
in the same mortgage or o	other lien?		⊔ Yes	\square No		
	PART 3: 0	Certification				
Certification: I certify under penalty of perjury	the information conta	ined on this document is	true and correct to the best o	f my knowledge.		
Owner's Signature	Date	Co-Owner's Signature		Date		
When completed return this form to: Benjamin Wheeler, Township Assessor						
PO Box 541						
Reading, MI 49274						
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			
Supervisor/Assessor Signature			- ~			
2 WC						

PART 1 Continued : Owner Information				
Name of Co-Owner 3 (First, Middle, Last)	Signature	Date		
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Name of Co-Owner 4 (First, Middle, Last)	Signature	Date		
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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		
	- y			
Name of Co-Owner 11 (First, Middle, Last)	Signature	Date		
Name of Co Owner 40 (First Middle Lee)	Ci	D. C.		
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		