

OWNER'S REQUEST TO COMBINE PARCELS

Name: _____

Address: _____

Phone #: _____

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

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- 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 unpaid taxes**

The Assessor or Zoning Administrator use other criteria to approve or deny this request

- 2) The combination has been reviewed by County Treasurer for any unpaid taxes.

Jefferson County Treasurer signature _____ Date

- 3) The combination has been reviewed by the Zoning Department

Comments: _____

Zoning department signature _____ Date

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

Assessor signature _____ Date

- 5) The combination has been approved by the owner

Owner signature _____ Date

- 6) This form has been completed and returned to: Jefferson County Land Information Office
Jefferson County Courthouse
320 S Main St Rm 101
Jefferson WI 53549
Phone: (920)674-7254

*Combinations requested in the current year will appear on the following year's assessment and tax rolls.

OFFICE USE ONLY. DO NOT FILL IN BELOW THIS LINE.

Date request was received

Date request was completed