

COMBINATION REQUEST OF TAX PARCELS

MAP & PAGE _____

DATE _____

I, _____ as the owner, owner's representative do hereby authorize request the Franklin County Auditor to combine the following parcels located in the taxing district of (____)_____.

PARCEL NUMBERS:

Buildings : Yes No

Current Owner _____

REASON FOR COMBINATION REQUEST:

Planning Commission Requirement Building Permit Personal Convenience
Other _____

*** I understand that the parcels must be contiguous (touching) and that title must be held identically in each parcel to be combined.**

Signed _____

Phone # _____

**** Since taxes are assessed on each parcel according to its status on January 1 of the current year, your tax bills for this year will not reflect the combination.**

**** * Once combination form has been filed, you must seek Planning Commission approval to split properties.**

AUDITOR'S COMMENTS

GIS MAP VERIFIED:

OWNERSHIP VERIFIED:

PARCEL SHEET VERIFIED:

PARCEL NUMBER RETAINED: _____

DEPUTY AUDITOR: _____