

# PICKFORD TOWNSHIP

## Land Combination Application

**Mail Completed Application to:**  
Pickford Township Assessor  
PO Box 456, Pickford, MI 49774  
(906)484-2833  
pickfordtownshipassessor@gmail.com

TAXING JURISDICTION

PARCEL IDENTIFICATION NUMBER (LIST ALL TO BE COMBINED)

\_\_\_\_\_ TWP.

17- \_\_\_\_\_

17- \_\_\_\_\_

***In order to combine properties, you must first ensure:***

- All parcels are under the same ownership.
- Parcels are contiguous and are located in the same Township, Section and Range.
- Property taxes are current.
- Review property classification, may change resulting classification.

***You must fill form out completely and provide owner signature(s) or application will be returned to you.***

**APPLICANT:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact phone No. \_\_\_\_\_

Email: \_\_\_\_\_

***Application will be returned to the above address after processing unless an alternate address is provided.***

**Address of Parcels to be Combined:**

\_\_\_\_\_

Property Owner's Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*The following section to be completed by reviewer.\*\*\***

**Combination Checklist:**

Property Ownership Same on All Parcels  Same Property Class / Resulting Property Class

Building Improvements  Zoning Issues

Taxes Paid Up to Date  Land Division  PRE

**REVIEWERS ACTION**

\_\_\_\_\_ Date Received \_\_\_\_\_ Date Reviewed

\_\_\_\_\_ Reference Number \_\_\_\_\_ Approved \_\_\_\_\_ Denied-Reasons

Reviewers Signature and Date \_\_\_\_\_