

Combination Request Form

Jefferson 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)	Property Address	Mailing Address
Name of Co-Owner (First, Middle, Last)	Daytime Telephone 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.*

***If more than six (6) parcels are requested to be combined, continue on the back of this form.*

PART 2: Parcel Identification Numbers		
Parcel 1	Parcel 2	Parcel 3
Parcel 4	Parcel 5	Parcel 6

Answer the following questions:

1. Are there delinquent property taxes on any parcels listed in Part 2? ☐ Yes ☐ No
2. Is there a mortgage or other lien on any parcels listed in Part 2? ☐ Yes ☐ No
3. If you answered yes to question 2, are all properties listed in Part 2 included in the same mortgage or other lien? ☐ Yes ☐ No

PART 3: Certification			
Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.			
Owner's Signature	Date	Co-Owner's Signature	Date

Mail to: Quality Assessing Services
PO Box 436
Leslie, MI 49251

Or Email: Jason@qualityassessing.com
Questions?
Call: Jason Yoakam 517-250-7382

LOCAL GOVERNMENT USE ONLY (do not write below this line)	
Combination Request Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, 1 st year effective will be 20_____	
If no, state reason for disapproval_____	
_____ Supervisor/Assessor Signature	_____ / / 20 Date

PART 1 Continued : Owner Information		
Name of Co-Owner 3 (First, Middle, Last)	Signature	Date
Name of Co-Owner 4 (First, Middle, Last)	Signature	Date
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
Name of Co-Owner 11 (First, Middle, Last)	Signature	Date
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