

TOWNSHIP ASSESSING - PARCEL COMBINATION REQUEST

Please complete this request and return it to the Assessor no later than December 31st. Please remember that Combination requests made in the current tax year will not be completed until the following tax year.

Owner's Name _____

Owner's Phone: _ (_____) _____

Mailing Address: _____

Owner's Email Address: _____

City, State, Zip: _____

INSTRUCTIONS: Complete this application and return it to the Assessor at the address below, along with the following documentation: ***Please note that incomplete forms and failure to send requested documentation will delay the combination process.**

INCLUDE COPIES OF THE FOLLOWING WITH YOUR COMPLETED COMBINATION REQUEST:

1. Copy of County Treasurer's split certification
2. Copy of Professional Survey with Certified Legal Description describing all property as one parcel.
3. A deed must be recorded with certified survey legal descriptions within 45 days of approval.

PARCEL ID'S THAT ARE BEING REQUESTED TO BE COMBINED:

PARCEL ID# _____ PARCEL ID# _____

PARCEL ID# _____ PARCEL ID# _____

PARCEL ID # _____ PARCEL ID# _____

OWNER AFFIDAVIT

I am requesting the Assessor to combine the parcels listed above into one parcel. I understand this is a parcel combination which will create one parcel and any future re-divisions, if allowed, of said parcel will require a land division application and application fees per the local land division ordinance, the local zoning ordinance, and the State Land Division Act (formerly the Subdivision Control Act, P.A. 288 of 1967 as amended (particularly by P.A. 591 of 1966) MCL 560.101), and does not include any representation or conveyances of rights in any other statute, building code, zoning ordinance, deed restriction or other property rights.

Owner Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE - OFFICIAL/AUTHORIZED PERSONNEL USE ONLY -

Year Combination will take effect 2026

New Parcel ID# _____

PLEASE MAIL COMPLETED REQUEST AND REQUIRED DOCUMENTATION TO THE ASSESSOR AT:

Township Assessing
1196 Ranger Dr.
Gladwin, MI 48624