## **Combination Request Form**

## City of Jonesville, 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 Telep	hone 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.						
PART 2: Parcel Identification Numbers						
Parcel 1	Parcel 2		Parcel 3			
			5 10			
Parcel 4	Par	cel 5	Parcel 6			
**If more than six (6) parcels are requested to be	combined, continue on t	he back of this form.				
Answer the following questions:  1. Are there delinquent property taxes on any parcels listed in Part 2?						
1. The there definduent property t	axes on any parec		2 □ 103			
2. Is there a mortgage or other lien on any parcels listed in Part 2?□Yes □No						
If yes, answer question 3, If no skip to the Part 3.						
3. If you answered yes to question 2, are all properties listed in Part 2 included						
in the same mortgage or o	other lien?		Yes	$\square$ No		
	PART 3: C	ertification				
Certification: I certify under penalty of perjury			s true and correct to the best o	f my knowledge.		
Owner's Signature	Date	Co-Owner's Signatur		Date		
When completed return this form to: City of Jonesville Assessor						
265 E. Chicago Street						
Jonesville, MI 49250						
LOCAL GOVERNMENT USE ONLY (do not write below this line)						
Combination Request Approved? $\Box$ Yes $\Box$ No - If yes, 1 <sup>st</sup> year effective will be 20						
If no, state reason for disapproval						
/ 20						
Supervisor/Assessor Signature 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		