

OWNER'S REQUEST TO COMBINE PARCELS

Name: _____

Address: _____

Phone #: _____

Parcel numbers you wish to combine:	Zoning Districts	Tax District
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



- 1) Parcels must meet the following minimum requirements to be eligible for combination into one tax parcel:
- a) All parcels are contiguous
 - b) The ownership for all parcels is held exactly the same
 - c) The parcels are in the same municipality and tax district
 - d) There are **no unpaid taxes**

The Assessor or Zoning Administrator use other criteria to approve or deny this request

- 2) The combination has been reviewed by County Treasurer for any unpaid taxes.

Jefferson County Treasurer signature _____ Date

- 3) The combination has been reviewed by the Zoning Department

Comments: _____

Zoning department signature _____ Date

- 4) The combination has been approved by the municipal assessor

Assessor signature _____ Date

- 5) The combination has been approved by the owner

Owner signature _____ Date

- 6) This form has been completed and returned to: Jefferson County Land Information Office
Jefferson County Courthouse
320 S Main St Rm 101
Jefferson WI 53549
Phone: (920)674-7254

*Combinations requested in the current year will appear on the following year's assessment and tax rolls.



OFFICE USE ONLY. DO NOT FILL IN BELOW THIS LINE.

_____ Date request was received
_____ Date request was completed