## **Combination Request Form**

## Camden 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)	Prope	rty Address	Mailing Address			
Name of Co-Owner (First, Middle, Last)	Daytime Te	elephone Number	Mailing Address City, State, Zij	p		
*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	F	Parcel 2	Parcel 3			
Percel 4		Damas I F	Downel C			
Parcel 4	F	Parcel 5	Parcel 6			
**If more than six (6) parcels are requested to be	combined, continue o	on the back of this form.				
Angway the following avections:						
Answer the following questions:  1. Are there delinquent property taxes on any parcels listed in Part 2?						
Ti The more demiquent property t	ands on any par		2			
2. Is there a mortgage or other lie	n on any parcel	s listed in Part 2?.	□Yes □No			
		stion 3, If no skip to				
3. If you answered yes to question 2, are all properties listed in Part 2 included						
in the same mortgage or o						
	DADT 2.	Certification				
Certification: I certify under penalty of perjur			s true and correct to the hest of my knowl	ledae		
Owner's Signature	Date	Co-Owner's Signatur		cuge.		
When completed return this form to: Chris Renius, Township Assessor						
when completed feturn to	ns form to.	PO Box 111	, Township Assessor			
Ottawa Lake, MI 49267						
		734-347-8109				
LOCAL COVER			4- b-l4l!:			
LOCAL GOVERN	NMENT USE	ONLY (do not wr	ite below this line)			
Combination Request Approved? $\Box$ Yes $\Box$ No - If yes, $1^{st}$ year effective will be 20						
If no, state reason for disapproval						
in the state of th				-		
			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		
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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		