## **Combination Request Form**

## Cambria Township, Hillsdale County, Michigan

This form is to be used by an owner of real property to request that two or more parcels be combined in to one parcel identification number for property tax purposes. For multiple properties to be combined into one parcel identification number all parcels involved must 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				
PA	RT 1: Parcel Ide	ntification Num	bers	
Parcel 1	Parcel 2		Parcel 3	
Parcel 4	Pare	cel 5	Parcel 6	
PART 2: Owner Information				
Name of Owner (First, Middle, Last)	Property	erty Address Mailing Address		
Name of Co Owner (First Middle Loot)	Doutime Tales	h an a Niverban	Mailing Address City	Ctata 7:m
Name of Co-Owner (First, Middle, Last)	Daytime Telep	hone Number	Mailing Address City	, State, Zip
			•	
Answer the following questions	_		_	_
1. Are there delinquent property taxes on any parcels listed in Part 1? $\square$ Yes $\square$ No				
2. Is there a mortgage or other lie	n on any parcels l	isted in Part1?	\( \sum Yes \)	$\square$ No
If y	es, answer question	on 3, If no skip t	to the Part 3.	
2. If you are systemed you to assert in	n 2 ana all muamant	as listed in Dont	1 in aludad	
3. If you answered yes to question				
in the same mortgage or o	otner Hen?		□ Yes	$\square$ No
	PART 3: C	ertification		
Cartification: I cartify under nanalty of parity			is true and correct to the hest of	of my knowledge
Owner's Signature	ury the information contained on this document is true and correct to the bes			Date
Owner 3 digitature	Bato			24.0
				<u> </u>
When completed return this form	to: Cambria Tow	nshin Board		
vinen completed retain this form	Combination	•		
7287 Cambria Rd				
	Hillsdale Mi			
	Timsdate Wife	T)2-T2		
LOCAL GOVER	NMENT LISE OF	N.Y (do not wr	ite below this line)	
Eochie Govern	WIENT COL OI	(LI (do not wi	ite below tims 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	
			/ 20	
Authorized Board Member Signature Date				