## **Combination Request Form**

## Fayette 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)	Proper	ty Address	Mailing Addres	ss		
Name of Co-Owner (First, Middle, Last)	Davtime Tel	ephone Number	Mailing Address City,	State. Zip		
(,,			g	, <u></u>		
*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	Pa	arcel 2	Parcel 3			
Parcel 4	Pí	arcel 5	Parcel 6			
3 31 3 3 3						
**If more than six (6) parcels are requested to be combined, continue on the back of this form.						
Answer the following questions:						
Answer the following questions:  1. Are there delinquent property taxes on any parcels listed in Part 2? □ Yes □ No						
1. The there defindating property t	axes on any part	ceis fisted in 1 drt 2				
2. Is there a mortgage or other lien on any parcels listed in Part 2?□Yes □No						
		tion 3, If no skip to				
3. If you answered yes to question 2, are all properties listed in Part 2 included						
				$\square$ No		
in the same mortgage or other lien?						
	PART 3:	Certification				
Certification: I certify under penalty of perjur	r					
Owner's Signature	Date	Co-Owner's Signature		Date		
When completed return this form to: Chris Renius, Township Assessor						
PO Box 111						
Ottawa Lake, MI 49267						
		734-347-8109				
LOCAL GOVER	NMENT USE (	NLY (do not wri	te below this line)			
LOCAL GOVERNMENT USE ONLY (do not write 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						
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		/	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		