Combination Request Form

Ransom 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)	Property Address		Mailing Address		
Name of Co-Owner (First, Middle, Last)	Daytime Tele	phone 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	Pa	rcel 2	Parcel 3		
Parcel 4	Pa	rcel 5	Parcel 6		
**If more than six (6) parcels are requested to be	combined, continue on	the back of this form.			
Answer the following questions	<u>.</u>				
1. Are there delinquent property taxes on any parcels listed in Part 2? \square Yes \square No					
2. Is there a mortgage or other lien on any parcels listed in Part 2?□Yes □No					
If y	es, answer quest	ion 3, If no skip to	the Part 3.		
3. If you answered yes to question	12, are all proper	rties listed in Part	2 included		
in the same mortgage or o	other lien?		Yes	\square No	
	PART 3: 0	Certification			
Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge.					
Owner's Signature	Date	Co-Owner's Signature	e	Date	
When completed return this form to: Chris Renius, Township Assessor					
PO Box 111					
Ottawa Lake, MI 49267					
		734-347-8109			
LOCAL GOVERN	NMENT USE O	NLY (do not wri	te below this line)		
Combination Request Approved? \square Yes \square No - If yes, 1 st year effective will be 20					
If no, state reason for disapproval					
		/ /	20		
Supervisor/Assessor Signature		// Date	20		

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		