Combination Request Form

Reading 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 Addre	Mailing Address		
Name of Co-Owner (First, Middle, Last)	Davtime Tel	ephone Number	Mailing Address City	. State. Zip		
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*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	De	arcel 5	Parcel 6			
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**If more than six (6) parcels are requested to be	combined, continue or	the back of this form.				
Answer the following questions:		1 1' 4 1' D 400				
1. Are there delinquent property taxes on any parcels listed in Part 2? \square Yes \square No						
2. Is there a mortgage or other lier	on any naraala	listed in Part 22	$\Box \mathbf{v}_{\mathbf{o}\mathbf{c}}$	\square No		
2 2	• 1					
If yes, answer question 3, If no skip to the Part 3.						
3. If you answered yes to question 2, are all properties listed in Part 2 included						
in the same mortgage or other lien?						
PART 3: Certification						
Certification: I certify under penalty of perjury	the information cont	ained on this document is t	true and correct to the best o	f my knowledge.		
Owner's Signature	Date	Co-Owner's Signature		Date		
When completed return this form to: Benjamin Wheeler, Township Assessor						
PO Box 541						
Reading, MI 49274						
LOCAL GOVERNMENT USE ONLY (do not write below this line)						
Combination Request Approved? ☐ Yes ☐ No - If yes, 1 st year effective will be 20						
Combination Request Approved?	□Yes □No-	If yes, 1 st year effec	tive will be 20			
Combination Request Approved? If no, state reason for disapproval_	□Yes □No-	If yes, 1 st year effec	tive will be 20			
	□Yes □No-					
If no, state reason for disapproval_	□Yes □No-	/// // // // // // ///////////	20			
	□Yes □No-					

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		