

**COMBINATION REQUEST FORM**

***HILLSDALE TOWNSHIP, HILLSDALE COUNTY***

I AM REQUESTING THE FOLLOWING PARCELS TO BE COMBINED

THE PROPERTY CODE NUMBERS ARE AS FOLLOWS:

30-07-\_\_\_\_\_

30-07-\_\_\_\_\_

30-07-\_\_\_\_\_

30-07-\_\_\_\_\_

30-07-\_\_\_\_\_

30-07-\_\_\_\_\_

\_\_\_\_\_  
PROPERTY OWNER (PRINT)

\_\_\_\_\_  
PROPERTY OWNER (SIGNATURE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE, ZIP

(\_\_\_\_\_)\_\_\_\_\_  
DAY TIME PHONE NUMBER

PLEASE RETURN SIGNED FORM WITH ALL THE INFORMATION AS REQUESTED TO:

HILLSDALE TOWNSHIP ZONING ADMINISTRATOR      517-437-3212  
JACK MCLAIN      517-320-0116 (cell)  
1445 S BUNN RD  
HILLSDALE, MI 49242

IF THERE ARE ANY DELINQUENT TAXES DUE AGAINST THE PARCELS REQUESTED TO BE COMBINED, THE COMBINATION WILL NOT BE PROCESSED UNTIL TAXES ARE PAID IN FULL.

THE TITLE ON THE PROPERTIES MUST BE IDENTICAL IN OWNERSHIP IN ORDER TO BE COMBINED.

COMBINATIONS ARE PROCESSED ONCE A YEAR AND MUST BE SUBMITTED NO LATER THAN OCTOBER 30.

COMBINATION APPROVED YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
TOWNSHIP SUPERVISOR or ASSESSOR

\_\_\_\_\_  
DATE