

OWNER'S REQUEST TO COMBINE PARCELS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parcel numbers you wish to combine:	Zoning Districts	Tax District
_____	_____	_____
_____	_____	_____
_____	_____	_____

REASON FOR REQUEST: \_\_\_\_\_

\*Combinations requested in the current year will appear on the following year's assessment and tax rolls unless otherwise requested. **Request combined tax bill for Current year** \_\_\_\_\_



- 1) Parcels must meet the following minimum requirements to be eligible for combination into one tax parcel:
  - a) All parcels are contiguous
  - b) The ownership for all parcels is held exactly the same
  - c) The parcels are in the same municipality and tax district
  - d) There are **no delinquent taxes**
- 2) The combination has been approved by the owner

\_\_\_\_\_  
 Owner signature \_\_\_\_\_  
Date

- 3) **AFTER OWNER HAS APPROVED COMBINATION BY SIGNING THIS FORM, RETURN TO:**  
 Jefferson County Land Information Office  
 Jefferson County Courthouse  
 311 S Center Ave Rm 101  
 Jefferson WI 53549  
 Phone: (920)674-7254

- 4) The combination has been reviewed by County Treasurer for any delinquent taxes.

\_\_\_\_\_  
 Jefferson County Treasurer signature \_\_\_\_\_  
Date

- 5) The combination has been reviewed by the Zoning Department

Comments: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Zoning department signature \_\_\_\_\_  
Date

**All County Departments must sign and comment before the Assessor's signature and approval. The Assessor may use other criteria to approve or deny this request.**

- 6) The combination has been approved by the municipal assessor

\_\_\_\_\_  
 Assessor signature \_\_\_\_\_  
Date



OFFICE USE ONLY. DO NOT FILL IN BELOW THIS LINE.

\_\_\_\_\_ Date request was received  
 \_\_\_\_\_ Date request was completed