



28 N. State Road • PO Box 308
Newaygo, MI 49337
(231) 652-1657, Fax 652-1650

REQUEST TO COMBINE TAX PARCELS

I hereby request to combine the following tax parcels:

62- _____ - _____ - _____ - _____

62- _____ - _____ - _____ - _____

62- _____ - _____ - _____ - _____

62- _____ - _____ - _____ - _____

62- _____ - _____ - _____ - _____

Please attach a map or survey to identify the parcels.

I, _____, understand that in order to combine parcels, all parcels must meet the following 6 criteria: Parcels must be contiguous, in the same name, same class code, same section, same school district and all taxes must be paid to date. The City or County of Newaygo may require an adequate and accurate legal description and survey.

Signature of Property Owner

Date

Street Address

(_____) _____
Phone Number

City, State, Zip

Email

City Approval

City Assessor

Date

City Zoning Administrator

Date

Original to property file.

Copy to: Applicant, City Assessor, County Equalization Dept., Electronic File