City of Kalamazoo Assessor's Office Form to Combine Parcels

Date:	
Owner's Name:	
Address:	
Email:	
Phone #:	The phone number is in case there are problems with this form.
Mobile # (if different)	
	of properties is desired. This form must be completed and returned to the City ies. There is no fee to complete and submit this form.
Statement: I would like to have the following contiguou	is properties combined into one parcel.
The parcels must be in title (ownership) to the same	e person, people or company to combine. Affiliated is not the same.
Address of Parcel	Parcel Identification Number
Attack ad	ditional sheets if necessary
Sohdvh#lqglfdwh#wkh#dgguhvv# rx#zlvk#v	•
The reason I am requesting this combination is:	
Building a new structure or an addition which will cross currer If so, please state the type of construction:	nt parcel <u>lines</u> .
PLEASE NOTE:	
This form must be completed and returned to the City Asses	ssor's Office before permits can be issued for the property.
Combine the parcels for tax purposes into one bill; no new co	nstruction.
This combination will be done for the nex	<u>xt year's tax roll.</u>
before a combination can be made. By signing below, you agree	BOTH THE SUMMER AND WINTER BILLS and ALL PRIOR YEARS must be paid se to have all the taxes paid in full. If as of February 14 (date Winter taxes are attempt to contact you. If the taxes remain unpaid, the properties will NOT be
Owner's Signature	Date
When the form is completely filled out, please return to the Ci	ity Assessor's Office. Only then will permits be issued for the properties.
This section for use by the Assessor's Office.	
Date form was received	Preliminary approval for combination
By Notified Community Planning and Development	By Summer Taxes Paid
Date	Winter Taxes Paid

Date

Final approval for combination