

COMPLETE AND RETURN



Office of the City Assessor

City of Beloit

100 State Street

Beloit, WI 53511

608-364-6670

FAX 608-364-6642

email: cobcama@beloitwi.gov

REQUEST TO COMBINE PARCELS

Our office will consider combining parcels that meet the following requirements:

- Parcels must be contiguous
- Parcels must have same zoning; school district; TID
- Ownership (**title/conveyance by recorded deed**) is the same.
- There are no delinquent taxes on parcels

I am requesting the following parcel(s) to be combined:

1) _____ 2) _____

Combining the above parcels will affect the next tax year. Prior to that , seperate tax bills will be mailed.

The reason for this request:

Signature of Owner (all owners must sign)

owner's address

Date

Phone Number

Email

All attempts to honor your request will be made pending the above requirements being met. Completion of this form does not necessarily grant approval. All information contained herein will be shared with other necessary departments within the City of Beloit.

Assessor's Office: **APPROVED** ___ Yes ___ No **Date** _____

Planning Dept: **APPROVED** ___ Yes ___ No **Date** _____

Notes:

Tax year affected: _____

Parcel Number Deleted: _____

Parcel Number Assigned: _____

Address assigned to combined parcel: _____

This form is discretionary and used for the purposes of creating tax parcels. The City does not guarantee or warranty these parcels by combination thereof.

