

COMPLETE AND RETURN



Office of the City Assessor

City of Beloit

100 State Street

Beloit, WI 53511

608-364-6670

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REQUEST TO SEPARATE PARCELS

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

- Planning dept has approved
- May require a recorded CSM/POS
- There are no delinquent taxes on parcel

I am requesting the following **parcel** to be separated:

1) _____

Separating the above parcel will affect the next tax year. Prior to that, one tax bill will still 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.

FOR OFFICE USE ONLY

APPROVED ___ Yes ___ No **Date** _____

Planning Approval: _____ / **Date:** _____

Notes: _____

Tax year affected: _____

Parcel Number(s) assigned _____

Parcel Addresses assigned: _____

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

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