

City of Crystal Falls

Request for Combining Lots

I and/or We, the undersigned, do hereby request the combination of the following described property for Assessment and Tax purposes.

(This does not affect ownership or recorded information at the Register of Deeds office.)

Parcel Number(s): _____ Email: _____

Property Address: _____ Phone Number: _____

Owner Signature: _____ Name printed: _____

(Date)

Owner Signature: _____ Name printed: _____

(Date)

Form must be accompanied by:

_____ Deed

_____ Signature of all owner(s) on title

_____ Scaled drawing of proposed combination (platted property)

_____ Survey with legal description (non-platted property)

***NOTE: ALL SPECIAL ASSESSMENTS MUST BE PAID IN FULL PRIOR TO A COMBINATION OF PROPERTY.**

Assessor Approval: _____