NOTE: Parcels must be contiguous, in the same school district and be owned by the same owner (mortgage or lien must have included all properties).

REQUEST TO COMBINE PARCELS Wells Township, Tuscola County, MI

The undersigned owner (or their authorized representative) of the referenced parcels of property located in Wells Township, hereby request that the properties in question be combined for assessment and tax purposes under one tax identification number. I (we) understand that properties can only be combined if they share a common lot line, have common ownership, and are part of one common school district, and they cannot be combined if said combination would be in conflict with any local ordinance. I (we) also understand that, once the property is combined, prior approval would be required from the township to divide the resulting property for the purpose of sale, lease over one year, or multiple development sites. All outstanding taxes must be paid on all affected parcels prior to processing of this application. Certification from the Tuscola County Treasurer may be required. *A fee of \$50.00 per combination request, payable to Wells Township must be included.

Parcel tax identification numbers to be combined:

1		
2		
3		
4		
5		
Owner Information:		
Name	Property Address	
Phone Number	_ Mailing Address	
Name of Co-Owner	_ Mailing Address	
Phone Number	_	
Answer the following questions:		
1. Are there delinquent property taxes	on any parcels listed to be combined?	
2. Is there a mortgage or other lien on properties included in the same mortga	any parcels listed to be combined? age or other lien?	If yes, are all
3. Is any portion of these properties en contract – OR – provide paperwork for	rolled in PA 116?If yes, please pro release of PA 116.	ovide a copy of the

*Please provide survey of resulting parcel if available and copy of all titles for parcels to be combined. Page 1 of 2 Certification: I certify under penalty of perjury the information contained on this document is true and correct to the best of my knowledge. I also give permission to the Assessor to enter my property if needed to finalize this Request.

Owner's Signature		Date	
Co-Owners Signature		Date	
Mail completed application an	d all attachments to	o:	
	Susan Jen	isen	
	Wells Tov	wnship Assessor	
	4243 Barr	nes Road	
	Millingtor	n, MI 48746	
Please contact Susan Jensen, A	Assessor at (989) 87	1-5649, if you have	any questions.
For Local Government Use			
Date Completed Combination	Request Received_		
Total Fee	Check #		
Approval Date		Denial Date	
If Denied, Reason for Denial			
New Parcel Number			_ First year on tax roll
Assessor Signature		Date_	