



Jill A. Thompson

Athens County Auditor

COMBINATION REQUEST OF TAX PARCELS

MAP & PAGE _____

DATE _____

I, _____ as the __ owner, __ owner's representative do hereby __ authorize __ request the Athens County Auditor to combine the following parcels located in the taxing district of _____
PARCEL NUMBERS:

Buildings: __ Yes __ No

Current Owner _____

REASON FOR COMBINATION REQUEST:

___ CITY REQUIREMENT ___ PERSONAL CONVENIENCE

___ OTHER _____

***I UNDERSTAND THAT THE PARCELS MUST BE CONTIGUOUS(TOUCHING) AND THAT TITLE MUST BE HELD IDENTICALLY IN EACH PARCEL TO BE COMBINED.**

Signed _____

Phone No. _____

**** Since taxes are assessed on each parcel according to its status on January 1 of the current year, your tax bills for this year will not reflect the combination.**

***** Once combination form has been filed, you must seek Planning Commission approval to split properties.**

AUDITOR'S COMMENTS

GIS MAP VERIFIED: _____
OWNERSHIP VERIFIED: _____
PARCEL NUMBER RETAINED _____
DEPUTY AUDITOR _____

