

# Request to Combine Tax Parcels

**Step I** This section to be completed by property owner:

Tax Parcel Numbers Involved:

\_\_\_\_\_

Requested by: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason For Combination Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recording area

Request to Combine Tax Parcels.  
This is an Internal Document

\_\_\_\_\_ Owners signature \_\_\_\_\_ Date

As separate lots, are these properties buildable? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any landlocked parcels involved? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have deed restrictions been recorded in the Register of Deeds Office:

\_\_\_\_\_ Yes \_\_\_\_\_ No If **yes** list Document # \_\_\_\_\_ Vol \_\_\_\_\_ Page \_\_\_\_\_

Is building(s) location situated across multiple lots? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Step II** It is the responsibility of the property owner to have this section completed by the  
**Municipal Clerk/Treasurer and the Municipal Assessor:**

Combination approved by Municipal Clerk and/or Treasurer (Does this combination affect special assessment billing? If yes, combination cannot be completed.):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Combination approved by Municipal Assessor:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Step III** It is the responsibility of the property owner to have this section completed by the  
**County Treasurer**

Combination approved by County Treasurer (Any outstanding real estate taxes owed? If yes, combination cannot be completed.):

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return COMPLETED form to: Register of Deeds  
PO Box 994  
Port Washington WI 53074-0994