

APPLICATION FOR PARCEL COMBINATION

Date Received:

TO: Drafting Department
Madera County Assessor's Office
Madera County Government Center
200 West Fourth Street
Madera, California 93637

Phone: (559) 675-7710 ext. 2533

NAME(S) AND ADDRESS OF APPLICANT(S):

Name of Applicant (Please Print Legibly or Type)

Address (Street & Number or P.O. Box)

(City) (State) (Zip) (Phone)

I/We hereby request and authorize the Madera County Assessor's Office to COMBINE the following Assessor's Parcels numbered:

(Book) (Page) (Block) (Parcel) (Rights)

Further, I/We hereby certify that I/We are the OWNERS OF RECORD of said property, that all taxes due and payable are paid in full, and that to the best of our knowledge, this proposed split meets all applicable regulations of the Assessor's Office and the Planning Department.

Signed, _____ Date: _____

OWNER(S) OF RECORD

(Note: Representatives of Owners of Record should attach two copies of authorizing documents.)

PLEASE FURNISH INSTRUCTIONS FOR COMBINATION ON THE REVERSE SIDE.

ASSESSOR'S OFFICE

Request taken by _____

Action: APPROVED DISAPPROVED By: _____ Date: _____

PLANNING DEPARTMENT

Action: APPROVED DISAPPROVED By: _____ Date: _____