

RECORD CHANGE FORM

ACTION BEING REQUESTED

- Merge ()
- Segregation ()
- Other ()

CURRENT OWNER

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Email _____

PARCEL NUMBER(S)

REQUESTED BY

- () Same as Owner/or

Name _____

Address _____

City _____ State _____ Zip _____

Phone/Email _____

ASSESSOR USE ONLY

ACTION REQUIRED

NOTICE: All taxes and assessments must be paid on the parcels before any action being requested can be initiated.

The undersigned affirms that all property taxes and assessments have been paid on all the properties covered by this request and further agrees that if it is found that the requested change is not in compliance with all applicable State, County, or Municipal ordinances this request will be considered **VOID** and the parcels will be reestablished to their original configuration.

Date

Signature