



County Clerk, Recorder and Assessor

REQUEST FOR COMBINATION OF ASSESSOR PARCELS

I hereby request the Assessor combine the existing Assessor Parcel Numbers

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Reason for request: _____

- Combining the APN's affects Tax assessment and billing only. It does NOT eliminate Legal Lot Lines, as may be required by agencies when dealing with issues such as building setbacks etc. It is not a substitute for a Voluntary Merger.
 - Parcels must be in the exact same Ownership
 - Parcels must be in the same Tax Rate Area
 - Taxes must be current on all Parcels
 - Parcels must be contiguous and must be currently on the same Assessor page
 - One parcel is under Open Space Contract and one parcel is not
 - Jobs take approx. 1 hour per each original parcel
 - Fee: Order Set-up Fee \$8.00, plus \$ 65.00/ 1/2 hour increments (minimum 1/2 hour)
 - This Form Must Be Reviewed By The Map Section Before Fees Are Collected
- Estimate of Fee: \$ _____

Conditions of Service:

I hereby acknowledge that the above estimate for the requested service is an approximation and that the actual cost may be different. Accordingly, I understand the Assessor is not bound by the estimate and will require full payment of actual cost. I also acknowledge and agree that in recognition that the Assessor will process the service request upon acceptance of this service request form, payment guarantee is requested for this type of service. I hereby authorize the Office of the County Assessor to charge the following credit card the actual cost of the service provided as determined by the Assessor upon completion of the job if an alternative form of payment is not presented upon job completion.

Applicant Name: _____ **Phone #:** (____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp. Date:** ____/____

(American Express not accepted)

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (____) _____

Cardholder Signature: _____ **Date:** _____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service. Form Revised 11/1/11