



# SPLIT OR COMBINATION OF PROPERTY APPLICATION

## PROPERTY OWNER INFORMATION

Name \_\_\_\_\_

Driver's License/State ID # - State Issued  
*(Copy of Driver's License/State ID required)*

Address - Street # \_\_\_\_\_

Street Name \_\_\_\_\_

**CENTER LINE, MI**

**48015**

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Property Owner Mailing Address *(IF different than property address) (Must be street address, PO Box not allowed)*

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

FAX # \_\_\_\_\_

Email \_\_\_\_\_

## **PARCEL NUMBER(S) TO BE SPLIT OR COMBINED:**

PARCEL #1 (to be split or combined) \_\_\_\_\_

PARCEL #2 (if combined) \_\_\_\_\_

ADDRESS – PARCEL #1 *(to be split or combined)* \_\_\_\_\_

ADDRESS – PARCEL #2 *(if combined)* \_\_\_\_\_

Parcel numbers are located on your property tax bill and is in the following format:  
01-13-XX-XXX-XXX

**Please supply the City Assessor with the following information:**

1. **Legal description of parcel(s) involved in split or combination**
2. **Drawing or survey of parcel(s) as they currently stand**
3. **Drawing or survey of parcel(s) after split (if applicable)**

I, \_\_\_\_\_, hereby request that the above parcel(s) be **split/combined (circle one)**. I understand that I am responsible for providing the items listed above prior to receiving final approval for this request.

Property Owner Signature \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

### *Office Use Only – Approval of Request*

City Assessor \_\_\_\_\_

Date \_\_\_\_\_

City Manager/Clerk \_\_\_\_\_

Date \_\_\_\_\_

7070 E. 10 Mile Rd., Center Line, MI 48015 – 586-757-6800

*“Small-town Lifestyle in the Heart of Metro-Detroit”*