

ATHENS TOWNSHIP

Combination Form

Date of Request: _____ Daytime Phone Number: _____

I am requesting that the following parcels be combined:

13-____-____-____ 13-____-____-____ 13-____-____-____
13-____-____-____ 13-____-____-____ 13-____-____-____
13-____-____-____ 13-____-____-____ 13-____-____-____

Property Owner's Name (Please Print): _____

Mailing Address: _____

(Owner's Signature)

(Date)

(Assessor's Signature)

(Date)

Please return signed form to: Athens Township, P.O. Box 368, Athens, MI 49011, 269-729-5305 or email to Marcia A. Bail, Assessor at m.a.bail@comcast.net.

PARCELS MUST MEET THE ALL OF THE FOLLOWING REQUIREMENTS BEFORE ANY ACTION CAN BE TAKEN:

1. All previous taxes must be paid on all of the parcels being requested to be combined (must attach certification from the County Treasurer that taxes have been paid for the last 5 years).
2. Title for all parcels must be in the same ownership (submit proof of ownership's name).
3. Combinations are processed yearly and must be submitted by December 31th.