



FEE: \$ \_\_\_\_\_

**LAND RECORDS & REGULATIONS DEPT.**  
837 Clermont Street Antigo, WI 54409

**REQUEST TO COMBINE PARCELS**

Name of Owner as it appears on the tax bill: \_\_\_\_\_

Telephone number during normal working hours: \_\_\_\_\_

Owners current mailing address: \_\_\_\_\_

Tax parcel number of those parcels you wish to combine. (The tax parcel number can be obtained from the tax bill.):

\_\_\_\_\_  
\_\_\_\_\_

Parcels may be combined provided:

1. They are contiguous and located within the same quarter-quarter and section, town and range.
2. The ownership on the parcels is the same.
3. There are no delinquent taxes due on any of the parcels.
4. The owner of the property signs this request.
5. The local assessor signs this request.
6. The parcels will not be split again within 5 years of the combination.

**The Property Listing Office reserves the right to deny any request for combinations at its discretion.** If the request is denied, the owner will be notified by telephone. **Combinations requested in the current year will appear on the following years assessment roll and tax bill.** Please note that a Certified Survey Map may be required if the parcels combined are split again in the future and meet current subdivision requirements and minimum lot size.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Assessor

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

For the use of the Property Listing Department. **DO NOT FILL IN BELOW THIS LINE.**

Date request was received: \_\_\_\_\_

Date request was acted on: \_\_\_\_\_

Date request was denied and why: \_\_\_\_\_