

LAND COMBINATION FORM

Parcel Number: 11-19-_____ 11-19_____

11-19_____ 11-19_____

Property Address_____

Mailing Address_____

Land Owner:_____

Are parcels adjoining _____yes _____no

Parcels must be in the same school district.

I, the undersigned, hereby affirm that I am the Legal Owner of the above-described property in the Township of Sodus and hereby authorize the combination of the above parcels into one:

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

****THE SODUS TOWNSHIP ASSESSOR MUST APPROVE THIS ACTION BEFORE BEING COMBINED.**

Return this form to Sodus Township Assessor
4056 King Drive, P.O. Box 176
Sodus, MI 49126

Phone: 269-926-6285

\$35.00 Fee Receipt No. _____ Check No. _____

Assessor's Approval_____

Please include payment with application.