

LAND COMBINATION FORM

Parcel Number: 11-13- _____ 11-13 _____

11-13- _____ 11-13 _____

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 New Buffalo and hereby authorize the combination of the above parcels into one.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

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

Return this form to New Buffalo Township Assessor
17425 Red Arrow Highway
New Buffalo, Mich. 49117

Phone: 269-469-1011

\$35.00 Fee Receipt # _____ Check # _____

Assessor's Approval _____

Please include payment with application.