

## REQUEST TO THE ASSESSOR TO COMBINE PARCELS (FOR TAXING PURPOSE ONLY)

I/We, owner(s) of the properties described below, here-by request the combining of these properties **for the purposes of valuation and taxation only.** I/We fully understand that this document does not supersede or over-ride any legally recorded documents that created these properties, and that this document shall not be considered as a physical change to the properties' legal descriptions as recorded within those documents. I/We also acknowledge that, depending on property characteristics of parcels involved, there **MAY** be a change in land values and taxes due for the resulting parcel(s). In addition, I/We acknowledge that securing zoning or a building permit on the combined properties may require the approval from the jurisdiction based on a legally recorded deed to change the legal description and that combining the parcels for taxation purposes may not affect that process.

OWNER (S)			DATE:	
ΑD	DDRESS:	DAY TIME PHONE # ( )		
CI	TY:STATE:	ZIP:_		
PA	RCEL NUMBER (S):			
In	order for parcels to be considered for combination,	the parce	els need to meet the following criteria:	
A.	All parcels need to be adjoining and have contiguous boundary lines.			
В.	All parcels must be located within the same Tax Area Code (School District, City/County, Special Districts, if any). (the Tax Area Code can be found on line at <a href="http://www.maricopa.gov/Assessor/Default.aspx">http://www.maricopa.gov/Assessor/Default.aspx</a> or throughour Customer Service at 602 506-8724)			
C.	All parcels must be under the same ownership (no sales agreements or other parties on any single parcel).			
D.	Parcels cannot be part of a Horizontal Property Regime or Condominium.  Parcel combinations are only applicable to lots, tracts of land or patented mines pursuant §42-15058. The Assessor Office will not split or combine Condominiums or Units unless an amended declaration and plat is Recorded with Maricopa County Recorder Office pursuant §33-1222.			
thi aff	signing below, I/we acknowledge that I/we have is form to the best of my/our knowledge. I/we undefect the application of zoning ordinances or building im in compliance with ARS §42-15058.	erstand tl	nat combining these parcels may not	
Sig	gned by Deputy Assessor	Signed	by Owner (s)	
Da	te	Date_		
<u>As</u>	sessor Office Public Assistance Fax #: 602 506-762	<u>20</u>		