Tax Parcel Division / Split Request

Date: ___/___/____

Name of Person (s) making request: ___________________________________(Please Print)
______________________________________________________________________
(Signature)

Address of Person making request: _______________________________________
_____________________________________________________________________

Phone # of Person making request: _______________________________________

Parcel Number Requesting to Split: ________________________________

Above PIN# Split to: PIN# ______________________________ Lot# _____
_____________________________________________________________________
PIN# ______________________________ Lot # _____

(Office Use Only below this line)

Check List: TPA _____ Taxes Sold _____ Drainage ______ Tax Bill Paid in Full _____

Tax Year Split to be worked: _____ Year Payable ____________

Name of Person processing request: _________________________________

(Attach this form to Maps & Plats Copy of Change/Add Sheet)

Rev. 7/18