

Splits/Combination Request Form

To: Snohomish County Assessor
Attn: Property Control Division
3000 Rockefeller Ave
3rd Floor Admin East M/S 510
Everett, WA 98201

Phone: 425-388-3525
Fax: 425-388-3961

Dear Requestor: Items marked with asterisk (*) are required information.

*From: (Name) _____

Check one: I am the owner -or- power of attorney (document attached)

Mailing address: _____

*Phone #: _____ E-mail: _____

*Tax account number(s) _____

*Select the action requested:

Parcel Split *Number of resulting parcels: _____

*Please attach a complete legal description for each new parcel.

Reference document _____

Please attach copy or provide the Auditor's file #: _____

Please note: RCW 84.56.340 requires property taxes to be paid in full for the year in which the property is being segregated. If there are taxes owing, we will not be able to segregate.

Parcel Merge "combination" *Number of resulting parcels: _____

In order to combine, we need the following details to be in order.

- o All parcels must be held in the same ownership. If the names differ on the tax rolls, please provide copies of documents that show common ownership.
- o If the parcels lie in different Tax Code Areas, we may need to keep them separate.
- o All parcels must have the taxes paid current.

Correction to legal description. Attach any documentation.

*Date _____ *Signatures of all property owners: _____

Request taken by _____ An incomplete request may be mailed back.

If there is a lending institute with an interest in this property, you may want to notify them of this request.