

CITY OF CASEVILLE

6767 MAIN, P.O. BOX 1049
CASEVILLE, MI 48725
989-856-2102, FAX 989-856-3580

PROPERTY DESCRIPTION COMBINES FORM

****A SURVEY IS REQUIRED FOR ALL PROPERTY COMBINATIONS****

THE FOLLOWING CRITERIA MUST BE MET AND THE COMBINE MUST BE APPROVED BY THE CITY IN ORDER
FOR THE COUNTY TO COMPLETE THE COMBINE PROCESS:

- *Does each parcel have the same type of ownership? YES / NO
- *Are all the parcels in the same school district? YES / NO School Dist. Code: _____
- *Are homestead/non-homestead classifications on each parcel the same? YES / NO
- *Are the property taxes on each parcel paid in full? YES / NO
- *Are the parcels to be combined contiguous? YES / NO
- *Are the property classifications of each parcel the same? YES / NO Classification Code: _____

THE FOLLOWING PROPERTY IS REQUESTED TO BE COMBINED:

Property ID #: _____

Property ID #: _____

Property ID #: _____

List any special instructions: _____

PROPERTY OWNER:

(Name)

(Street Address/P.O. Box #)

(City, State, & Zip Code)

(Area Code & Phone Number)

APPROVED / DENIED

Property Owner Request/Signature

Property Owner Request/Signature

Supervisor/Assessor Signature

Date

FEE PAYABLE TO "CITY OF CASEVILLE"

Date