



Department of Assessment

36300 Warren Road ■ Westland, Michigan 48185-2016
 (734) 467-3160 ■ Fax (734) 422-1218 ■ assessor@cityofwestland.com

Combination Application

Petitioner's Name: _____

Address: _____ Phone #: _____

Parcel ID #: _____ Parcel ID #: _____

Parcel ID #: _____ Parcel ID #: _____

Are you the legal owner of the property? Yes _____ No _____

Is parcel currently under appeal with the Michigan Tax Tribunal? Yes _____ No _____

The Following Must Accompany This Application:

1. Names and addresses for each combination for mailing future tax bills (*use reverse*).
2. Provide us with proof of current and previous three years of taxes fully paid for each parcel.
3. If combining an acreage parcel, provide new legal description of combined parcel(s) from a *registered* surveyor.

Fee Schedule is as Follows:

1 Parcel Created \$48.00
 2 Parcels Created \$96.00

~

For creating 3 or more parcels, the price is increased in \$48.00 increments up to a maximum amount of \$241.00 regardless of the number of parcels.

~

Payments must be by check or money order only
 Payable to the *City of Westland*

Legal Owner(s) Must Sign Application

Signature of Legal Owner

Address of Legal Owner

Signature of Legal Owner

Address of Legal Owner

Signature of Petitioner

Date

Office Use Only:	
Taxes paid for all parcels?: _____	attach proof of payment
Amount Paid: \$ _____	attach receipt of payment or letter from Assessing waiving fee
Metes and Bounds?: _____	attached new metes and bounds legal for new parcels
Combination approved by: _____	Date: _____

Future Taxpayer Information

Future Taxpayer's Name and Address:

Parcel #1

Parcel ID #: _____

Name: _____

Address/City/State/Zip: _____

Parcel #2

Parcel ID #: _____

Name: _____

Address/City/State/Zip: _____

Parcel #3

Parcel ID #: _____

Name: _____

Address/City/State/Zip: _____

Parcel #4

Parcel ID #: _____

Name: _____

Address/City/State/Zip: _____

Parcel #5

Parcel ID #: _____

Name: _____

Address/City/State/Zip: _____