City of Westland

JENNIFER STAMPER
ASSESSOR

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ASSESSING DEPARTMENT
36300 WARREN RD
WESTLAND, MI 48185
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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

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:_____