



GRANT W. METZGER, JR.

ASSESSOR

CALAVERAS COUNTY GOVERNMENT CENTER
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ASSESSMENT COMBINATION / SPLIT REQUEST FORM

OWNER: _____ ASSESSOR PARCEL NUMBER(S): _____
NAME: _____
ADDRESS: _____ TAX RATE AREA (S): _____
PHONE: _____
DATE: _____

REASON OR INFORMATION THAT SUPPORTS OWNER'S REQUEST

IS THIS REQUEST PURSUANT TO A TRANSFER? YES NO
IS THERE A SURVEY MAP PENDING ON THESE ASSESSMENTS? YES NO
RECORDING DATE: _____ BOOK: _____ PAGE: _____

PRIOR TO CONSIDERATION ALL PARCELS MUST BE IN THE SAME OWNERSHIP AND ALL TAX OBLIGATIONS PAID IN FULL.

THIS REQUEST DOES NOT ALTER ANY TAX REQUIREMENTS. PLEASE BE ADVISED TO PAY ALL TAXES WHEN DUE TO AVOID PENALTY.

SIGNATURE OF OWNER

<u>OFFICE USE ONLY</u>	
REVIEW DATA: DATE	PROPERTY OWNER CONTACTED-REMARKS
STATUS OF TAXES/BONDS	CURRENT YEAR PRIOR