

CITY OF ROCHESTER HILLS
COMBINATION REQUEST

Date: _____

I would like the following parcel identification numbers consolidated into one for all future assessment records and tax billings.

The following parcel numbers, which are currently under my ownership, are:

15- _____ - _____ - _____

15- _____ - _____ - _____

15- _____ - _____ - _____

15- _____ - _____ - _____

15- _____ - _____ - _____

15- _____ - _____ - _____

Owners Signature
(If joint ownership, all must sign)

**ALL TAXES current and delinquent must
be paid in full to file for a combination.**

Print Name

Address

Reason for request to Combine:
Consolidation of Taxes _____
Building Addition Requirement _____

City, State & Zip

Telephone Number

Email Address

NOTE: If you own additional parcels that are contiguous to those listed above, but are not combining them, a Land Division must be filed.