

**COMBINATION REQUEST  
FORM  
PLEASE ALLOW 45 DAYS FOR PROCESSING**

DATE APPLIED: \_\_\_\_\_

DATE FORM TO BE RETURNED: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_  
PARCEL NUMBER \_\_\_\_\_  
PARCEL NUMBER \_\_\_\_\_  
PARCEL NUMBER \_\_\_\_\_

LOT NUMBERS \_\_\_\_\_ SUBDIVISION \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please process a combination on the above data processing numbers for the \_\_\_\_\_

- I concur with your request to combine the above parcels.  
 I do not concur with your request to combine the above parcels.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

Residential \$200 per child/created parcel

Non-Residential \$225 per child/created parcel

Resolution Number 16-295  
(Adopted by Council 06/27/16)



City of Romulus  
Department of Assessment  
11111 Wayne Road  
Romulus, MI 48174  
(734) 942-7520

**All taxes must be paid by December 31st  
of the year that the combination is requested for the request to be processed**