

**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 _____ year.

- 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**