

# CITY OF CASEVILLE

6767 MAIN, P.O. BOX 1049  
CASEVILLE, MI 48725  
989-856-2102, FAX 989-856-3580

## PROPERTY DESCRIPTION COMBINES FORM

**\*\*A SURVEY IS REQUIRED FOR ALL PROPERTY COMBINATIONS\*\***

THE FOLLOWING CRITERIA MUST BE MET AND THE COMBINE MUST BE APPROVED BY THE CITY IN ORDER FOR THE COUNTY TO COMPLETE THE COMBINE PROCESS:

- \*Does each parcel have the same type of ownership? YES / NO
- \*Are all the parcels in the same school district? YES / NO School Dist. Code: \_\_\_\_\_
- \*Are homestead/non-homestead classifications on each parcel the same? YES / NO
- \*Are the property taxes on each parcel paid in full? YES / NO
- \*Are the parcels to be combined contiguous? YES / NO
- \*Are the property classifications of each parcel the same? YES / NO Classification Code: \_\_\_\_\_

THE FOLLOWING PROPERTY IS REQUESTED TO BE COMBINED:

Property ID #: \_\_\_\_\_

Property ID #: \_\_\_\_\_

Property ID #: \_\_\_\_\_

List any special instructions: \_\_\_\_\_

PROPERTY OWNER:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address/P.O. Box #)

\_\_\_\_\_  
(City, State, & Zip Code)

\_\_\_\_\_  
(Area Code & Phone Number)

\_\_\_\_\_  
Property Owner Request/Signature

APPROVED / DENIED

\_\_\_\_\_  
Property Owner Request/Signature

\_\_\_\_\_  
Supervisor/Assessor Signature

\_\_\_\_\_  
Date

**\$50.00** FEE PAYABLE TO "CITY OF CASEVILLE"

\_\_\_\_\_  
Date