

Combine Parcel Form

I/We request the following parcels be combined for the _____ assessment year.*

*assessment year = current calendar year + 1

Format: XXX-XXXX-XXX

• _____	• _____
• _____	• _____
• _____	• _____
• _____	• _____

The owner name must be identical for all parcels listed above. If not, deeds should be recorded with the Milwaukee County Register of Deeds first.

Please sign and date the authorization below and return this form to the Assessor's Office by December 1. Please feel free to contact our office with any questions.

I/We, the owner(s) of the parcels listed above, authorize Milwaukee County and the City of Franklin Assessor's Office to combine them in their entirety into one parcel with a new parcel number.

Owner name/LLC (print) Date

(If the properties are owned by an LLC, filer's name and relation to LLC)

Signature

Additional owner name, if any (print)

Signature

Contact email address Contact phone