

POTTAWATTAMIE COUNTY, IOWA

PARCEL COMBINATION REQUEST APPLICATION

☐ PER OWNER
 ☐ PER ASSESSOR
 ☐ PER AUDITOR
 ☐ PER COUNTY PLANNING
 ☐ PER CITY PLANNING
 ☐ FOR THE YEAR OF _____ DATE: _____

A request has been made to combine the following parcels

PARCELS TO BE COMBINED		

ZONING APPROVAL	Signature	Date
	Type or Print Name	

TITLE/AGENCY	Name
--------------	------

PROPERTY OWNER	Name	Type or Print Name	Signature	
	Mailing Address	Street	City, State, Zip	
	Contact Information	Email <input type="checkbox"/>	Home # <input type="checkbox"/>	
	<input checked="" type="checkbox"/> Best Way to Contact		Work # <input type="checkbox"/>	
		Cellular <input type="checkbox"/>		

Please return form to the Real Estate Department, Auditor's Office

Notes

We require that each tract or parcel is free from certified taxes and certified special assessments.