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 ☑ *Best Way to Contact*	*Email* ☐		*Home #* ☐ *Work #* ☐ *Cellular* ☐	

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

Notes