



## Request to Combine Parcels

Name(s) of All Owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number of Owner(s): \_\_\_\_\_  
\_\_\_\_\_

### Parcel Numbers & Address of Parcels to be Combined:

Parcel #: _____	Vacant: Yes___ No___
Address: _____	
Parcel #: _____	Vacant: Yes___ No___
Address: _____	
Parcel #: _____	Vacant: Yes___ No___
Address: _____	
Parcel #: _____	Vacant: Yes___ No___
Address: _____	

Signature of Owner(s): _____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

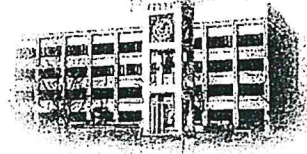
By signing the above you are certifying you are one of the legal owners of the properties and agree to combine the above parcels. **A Tax Certification MUST be submitted on these parcels through the Saginaw County Treasurer's Office BEFORE a combination can be done, a copy of the form is attached.**

# COUNTY OF SAGINAW

TIMOTHY M. NOVAK

TREASURER

Governmental Center  
111 S. Michigan Avenue  
Saginaw, Michigan 48602  
Phone: 989-790-5225 • Fax: 989-790-5229  
Website: SaginawCounty.com/Treasurer



## Land Division Tax Payment Certification Form

Certification Fee is \$5.00

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner City, State, Zip: \_\_\_\_\_

Property Address: \_\_\_\_\_

Property City, State, Zip: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

**\*Attach a description of the parcel to be divided\***

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This section to be completed by County Treasurer's Office

**Certification Denied**

The Saginaw County Treasurer's Office has found delinquent taxes on the parcel listed above and cannot issue a certification for land division.

Delinquent Tax Balance: \_\_\_\_\_  
(Additional Fees & Interest accrue on the 1<sup>st</sup> of each month)

Rejection Date: \_\_\_\_\_

**Certification Approved**

Pursuant to PA 23 of 2019 the Saginaw County Treasurer's Office certifies that there are no delinquent taxes or special assessments due on the parcel or tracts subject to the proposed division for the five years preceding the date of the application.

Certified By: \_\_\_\_\_

Date Certified: \_\_\_\_\_