

Carolyn Chabron City Assessor 730 Washington Ave. Racine, WI 53403

## **Request to Join Tax Parcels**

Date:					
		<del>_</del>			
Dear Property Owner	r(s),				
This letter is confirmi	ng your request to join	the following p	parcels together witl	h one parcel id	entification
number:					
1		2			
3		4			
Please list your addre	ess preference for the p	rimary address			
aware that once the look be split based upon f	that you are the owner parcels are joined they uture requests. For exected then any future re	will be assessed ample, if it is a i	d together as one. ( requirement that the	Once joined the parcels are jo	ey may/or may not
Please provide your a letter to the City Asse	address and telephone essor's Office.	number. Ackno	owledge this reques	t by signing bel	ow and return this
Owner(s) Name:					
Street Address:					
City:		State:	Zip Code: _		
Phone Number:					
		Owner(	s)		
Thank Vou					

Thank You,
Carolyn Chabron, MBA

Assessor II - Racine City Assessor

Assessor.Office@cityofracine.org

730 Washington Ave, Room 106 ~ Racine, WI 53403

(P) 262-636-9119 (F) 262-636-9466