

**EXETER TOWNSHIP
PARCEL COMBINATION APPLICATION**

Date _____

Name of Applicant: _____

Address: _____ Phone Number (____) _____

Name of Property Owner: _____

Address: _____ Phone Number (____) _____

I hereby authorize/request the Exeter Township Assessor's Office to combine parcel

Number _____

With parcel number (s) _____

Do you currently have a lien on any of these properties? Yes ____ No ____

If yes, please provide documentation from your lending company allowing this combination.

Reason for combination: _____

A description of the newly created parcel may be required from the applicant in the discretion of the Exeter Township Assessors Office.

A fee of \$50.00 will be charged for each combination request. Check must be made payable to Exeter Township.

Property Owner (s) signature _____

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Date Received by Township _____ Initial _____

Tentative Approval by Supervisor _____ Date _____

Final Approval ____ or Denial ____

By Supervisor _____ Date _____

Reason for Denial _____