



# WHITE LAKE TOWNSHIP REQUEST TO COMBINE PARCELS

DATE: \_\_\_\_\_

Please print.

I hereby request the White Lake Township Assessor to combine the following parcels:

Parcel Number(s)	Lots Number(s)	PRE %* (0-100)	Summer Taxes	Winter Taxes	School District

\* NEW HOMESTEAD FORMS AVAILABLE IF NECESSARY

**-- Sign in front of a Notary --**

Owner Name #1 (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Owner Name #2 (print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Signature #1: \_\_\_\_\_

Signature #2: \_\_\_\_\_

Subscribed and sworn to before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

State of Michigan – County of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Acting in the County of \_\_\_\_\_

# **WHITE LAKE TOWNSHIP**

## **REQUEST TO COMBINE PARCELS**

DATE: \_\_\_\_\_

Parcel Combination Fee:	\$50.00	\$ _____.
	Subtotal	\$ _____.
Administrative Fee:	10% of total	\$ _____.
	Total Fees	\$ _____.*

**\*This fee is NOT required when a Combination is processed in conjunction with a Split.**  
**Note: An approval for combination is not a determination that the resulting parcels are buildable sites. Please contact the White Lake Township Building Department, at 248-698-3300, ext. 2, and the Oakland County Health Department, at 248-858-1312, to discuss.**

GOVERNING BODY APPROVAL / DISAPPROVAL SUMMARY:

LOCAL ORDINANCE COMPLIANCE \_\_\_\_\_

OTHER \_\_\_\_\_

ASSESSOR'S SIGNATURE \_\_\_\_\_

<b>APPROVED</b>	<b>DENIED</b>
Y / N	Y / N
DATE:	DATE:

