

OWNER'S REQUEST TO SPLIT TAX PARCEL

Name: _____

Address: _____

Phone #: _____

Parcel numbers you wish to split: _____ Zoning District _____

Legal Description of land to become new parcel (attach sheet if needed):

Parcels may be split provided:

- 1) There are **no delinquent taxes** on the parcels

Jefferson County Treasurer signature _____ Date

- 2) The split has been reviewed by the Zoning Authority and does not require a Certified Survey Map.

Comments: _____

Zoning department signature _____ Date

- 3) The split has been approved by the assessor

_____ Date _____

Comment: _____

- 4) The split has been approved by the owner

Owner signature _____ Date

- 5) This form has been completed and returned to: Jefferson County Land Information Office
Jefferson County Courthouse
311 S Center Ave Rm 101
Jefferson WI 53549

Phone: (920)674-7254

*Splits will appear on the following year's assessment and tax rolls.

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OFFICE USE ONLY. DO NOT FILL IN BELOW THIS LINE.

_____ Date request was received
_____ Date request was completed