

**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  
320 S Main St Rm 101  
Jefferson WI 53549

Phone: (920)674-7254

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



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

\_\_\_\_\_ Date request was received  
\_\_\_\_\_ Date request was completed