



TAX PARCEL CONSOLIDATION/SPLIT REQUEST FORM

POLK COUNTY AUDITOR, ADMINISTRATION BUILDING, 111 COURT AVE., ROOM 230, PHONE: 515-286-3080

To request tax parcels be consolidated or split into new parcels, the requestor must be either 1) an owner or 2) a representative of the owner capable of making said request upon the owner's behalf.

Date of Request: _____

Requestor's Name: _____

Requestor's Phone #: _____

Requestor's Email: _____

CHECK HERE IF YOU WISH TO BE CONTACTED WITH NEW PARCEL NUMBER(S) WHEN AVAILABLE

Please indicate whether you are requesting tax parcel(s) to be consolidated or split (*Choose one below*):

CONSOLIDATION

Parcel Numbers:

If more than one parcel listed above has a property address, please indicate which address should be listed as primary.

OFFICE USE ONLY

Check the box next to the following categories in which the parcels the requested to be consolidated match:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Owner Names | <input type="checkbox"/> Tax Districts* | <input type="checkbox"/> Fire Districts | <input type="checkbox"/> Taxes are current |
| <input type="checkbox"/> Parcels are adjacent | <input type="checkbox"/> TIF Districts* | <input type="checkbox"/> Rescue Districts | |

*For tax districts and TIF districts, if the only difference between the district names is 'AG' after 'CITY' then the districts can be combined. If there is any other difference between the names then the districts cannot be combined.

For example: ALTOONA CITY/SE-POLK SCH can be combined with ALTOONA CITY AG/SE-POLK SCH but CANNOT be combined with ALTOONA CITY EXEMPT 21-30/SE-POLK SCH or ALTOONA CITY/BOND-FARR SCH.

Checks completed by: _____

SPLIT

Parcel Number(s):

Along which previously recorded boundary or description do you wish the split to occur?

Examples: lot line, survey, other recorded document, etc.
