



**OFFICE OF LEWIS COUNTY REAL PROPERTY TAX SERVICES**

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**TAX PARCEL COMBINATION REQUEST FORM**

**REQUIREMENTS**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>➤ All property taxes must be <b>PAID IN FULL</b></li> <li>➤ Parcels must have the same deeded owners</li> <li>➤ Parcels must be adjacent</li> </ul> | <ul style="list-style-type: none"> <li>➤ All applicable local requirements have been met</li> <li>➤ Parcels must be in the same municipality and special district (school, fire district, etc)</li> </ul> |
|--|---|

**PROPERTY OWNER USE or Agent**

Requested by:		Date:	
Owners (if different):		Home/Cell:	
Owner Address:		Email:	
City, State Zip		Roll Year:	
Municipality of Property:		(After March 1st use next calendar year)	

**TAX MAP NUMBERS TO BE COMBINED**

Please list parcels separately on lines provided  (Use additional sheet if needed)		Tax Map Number	Location	Deed Reference	Deed Date
	1.				
	2.				
	3.				
	4.				
	5.				

**PROPERTY OWNERS ACKNOWLEDGEMENT**

I (we) the undersigned owners of the real property described above request that the above mentioned property be combined and I (we) understand that the reversal of this merge may not be possible without consent of the local Planning Board. I (we) acknowledge that the above stated requirements have been met and I (we) will hold the Lewis County Real Property Tax Services, as well as the stated municipality, harmless for any problems resulting from such combination. I (we) understand that the Director of Real Property may, at their discretion, deny this combination request and that I (we) will receive written notification explaining such denial.

Signature of Owner:		Date:	
Signature of Owner:		Date:	

**REAL PROPERTY TAX MAPPING USE ONLY**

<input type="checkbox"/> Unpaid Taxes Found <input type="checkbox"/> No Unpaid Taxes Found	Reviewed By:	<u>Reason Request is Denied:</u> <input type="checkbox"/> Unpaid Taxes <input type="checkbox"/> Different Deeded Owners <input type="checkbox"/> Different Districts (school, fire, etc) <input type="checkbox"/> Parcels Not Adjacent <input type="checkbox"/> Other: _____
Date Request Received:		
Date Maps Updated:		
NEW TAX MAP NUMBER:		