APPLICATION FOR COMBINING PARCELS
OF REAL ESTATE ON THE TAX DUPLICATE

To the County Auditor,

Your applicant, _____ residing at _____

_____, owns the parcels listed below that are located in Trumbull County, Ohio, and wishes them to be combined.

THE PARCELS LISTED BELOW ARE:	CHECK ALL THAT APPLY
***Contiguous to each other**	
***Recorded on the same deed**	
***Located in the same tax district**	
***Located in the same recorded plat OR being all acreage**	
***Paid up-to-date for property taxes**	

If approved, would you like a copy of this form sent to the County Health Dept? (SEPTIC SITUATIONS ONLY): ☐ YES ☐ NO ☐ N/A

*****PLEASE UNDERSTAND: Your legal boundary lines are not changed, if you want the parcels split again it will REQUIRE a survey, and this combine will take effect in the next tax year.**

Parcel #	District-Map-Route	Lot #	Section #	Location Address
Example: 99-999999	99-999A-99999	9	99	123 MAIN STREET, ANYTOWN, OH 99999

Signature:_____ Phone#:_____ Date:_____