

Lincoln County Assessor's Office

111 West B Street
Suite A
Shoshone, Idaho 83352



Linda Jones, Assessor
208-886-2161
ljones@lincolncountyid.us

REQUEST FOR COMBINING PARCELS

Parcel Numbers:

Parcel #1:

Parcel #2:

[If there are more than two (2) parcels, please list referencing parcel numbers on back of this application.]

Parcel Verification:

1. Is the ownership of the parcels exactly the same? Yes No
2. Are the properties contiguous? Yes No
3. Are the properties all in the same tax code area? Yes No

4. **Are parcels located within City Limits?** Yes No
If "YES", City Clerk signature and date:

SIGNATURE, TITLE

DATE

5. **Is there a lien holder on any of the properties to be combined?** Yes No
If "YES", lienholder(s) signature and date:

SIGNATURE, TITLE

DATE

I certify that the aforementioned information is correct for these listed properties.

NAME (PRINT CLEARLY PLEASE)

DATE

SIGNATURE

PHONE NUMBER

MAILING ADDRESS (INCLUDE CITY/STATE/ZIP CODE)

OFFICE USE ONLY

Is the information given by applicant, correct?
 Yes No If "NO", please explain:

(INITIALS: _____)

APPROVED DENIED

(ASSESSOR'S INITIALS: _____)

STATE OF IDAHO, COUNTY OF _____

On this _____ day of _____, 20____
before me, a notary public in and for said State, personally
appeared _____
known to me to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me
that _____ executed same.

NOTARY PUBLIC

Residing at _____, Idaho

Commission expires: _____