



# ONIEDA COUNTY TAX PARCEL MERGE REQUEST SHEET

TOWN OF \_\_\_\_\_

DATE \_\_\_\_\_

Tax Map #'s of Parcels to be Merged	Owners Name (s)	Property Location	Deed Book & Page	Land Assessment	Total Assessment
			New Land & Total Assessment		

What tax map # will be used for the merged parcels? \_\_\_\_\_

New Size of Tax Lot is \_\_\_\_\_ x \_\_\_\_\_ or \_\_\_\_\_ Acres

Are Taxes Current as of the date of merge request?  Yes  No

Date paid \_\_\_\_\_ \*If Between Jan 1 –April 1

Are Tax map parcels contained on same tax sheet?  Yes  No

Are parcels being combined in the same school district?  Yes  No \* If no Approval by BOCES is required

Has a new deed describing all tax lots included been filed with the County Clerks Office?  Yes  No

Are any Special Districts involved in this Combination? (Water, Sewer, Lights ect.)  Yes  No

Are there currently any exemptions that would be effected by combining these lots?  Yes  No

Signature of Property Owner

Signature of Assessor

\* Proof must be provided

Disclaimer – Combination of Tax Parcels May Require Future Palnning Board Approval to Convey Out Previously Subdivided Lots.

CERTIFICATE OF ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ON \_\_\_\_\_, BEFORE ME, \_\_\_\_\_

PERSONALLY KNOWN TO ME-OR-

\_\_\_\_\_

(SIGNERS)

\_\_\_\_\_ PERSONALLY KNOWN TO ME – OR –

\_\_\_\_\_ Proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are  
Subscribed to the within instrument and acknowledged to me that he/she/they executed the same in  
His/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the  
Person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(seal)

\_\_\_\_\_

Notary Signature

\_\_\_\_\_ Date