



Parcel Combination Request

ROCK ISLAND COUNTY ASSESSMENT OFFICE

1504 3rd Avenue

Rock Island, Illinois 61201

(309) 558-3660 • Fax- (309) 558-3658

Requirements:

- Parcels must have identical owners of record;
- A property owner must sign the form;
- All parcels must be located within the same tax code, and TIF District, if applicable;
- All property taxes must be paid in full;
- All parcels must be contiguous;
- All parcels must have the same zoning.

Township: _____

PIN Number	Parcel	Improved/ Vacant	Acreage		PIN Number	Parcel	Improved/ Vacant	Acreage

I/We understand that combining these parcels may affect the application of zoning ordinances or building codes to the parcels being combined and that there may be a change in assessed valuation for the resulting parcel.

Owner(s) Name Printed _____

Owner(s) Signature _____ Date _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email _____

There is no fee to submit this form.

For Official Use Only. Do Not Write in This Space

Year Effective: _____ Taken by: _____

Retain Parcel# _____ New PIN _____ Acres: _____

New Legal Description: _____

Assessment:

Land: _____ FL: _____ Bldg: _____ FB: _____ Total: _____

Assessor Signature _____

Date _____

Taxes: _____ Ownership: _____ Contiguous: _____ Tax Codes: _____ Class: _____ TIF: _____ Zoning: _____

Recorder: _____ GIS: _____ Maps: _____ Deeds: _____ AS400: _____