

OWNER'S REQUEST FOR CONSOLIDATION

I (We), the undersigned, hereby request the Umatilla County Assessment & Taxation Office to consolidate the following tax account numbers in accordance with ORS 308.210 & 308.28

I (We), understand that the cost of \$20 must be paid at time of submission of request.

MAP	TAXLOT	CODE	SERIAL NO.

I understand that the following listed items **MUST** be checked by me and that the taxlots **CANNOT** be consolidated if the following requirements are not met:

- Ownership must be identical, including initials
- Taxlots are on same map or can be shown on same map
- Taxlots are contiguous
- Requested by June 30 of the current fiscal year
(Requests made after June 30 will be processed for the next fiscal year)
- Date and initials of Planning authority's authorization to consolidate

- Same taxing district code
- Must attach a letter of approval from a lender if there is a mortgage on any part of the property.
- All title holders must sign.
- Taxes are paid in full

Signature of All Title Holders _____

Date of Request _____

Phone number: _____

NOTE: Consolidation form will only be valid for one year after it is signed. If we are unable to work the consolidation, you will need to resubmit a form after the one year has expired.

BELOW TO FILLED OUT BY ASSESSMENT & TAXATION OFFICE

- No taxes due on above referenced accounts. All taxes must be paid in full before the consolidation per ORS 308.210
- \$20 fee paid. Fee charge started July 1, 2008

Tax Office Deputy's Initials _____

Date _____

A & T Deputy's Initials _____

Date _____

JV # _____