

MASON COUNTY ASSESSOR'S OFFICE REQUEST FOR PARCEL SEPARATION

Date: _____ Parcel Numbers _____

Brief Legal: _____

Qualifications: _____ Like ownership is required on all parcels
_____ Parcels must be contiguous and similar properties
_____ Tax status must be paid in full

Owner / Taxpayer: _____

Address: _____ Phone: Home _____
_____ Work _____

House/Mobile Home is located on _____

Other Buildings/Improvements located on _____

Septic is located on _____

Well is located on _____

Signature: _____