



AUTHORIZATION OF COMBINATION

Per I.C. 6-1.1-5-16

I, _____, authorize the Auditor of Allen County to combine the following:

List the addresses or parcel numbers below:

_____	_____
_____	_____
_____	_____

Owner Signature: _____ Title: _____

Phone: _____ Date: _____

Please return to: Allen County Auditor, 1 East Main Street, Suite 102, Fort Wayne, IN 46802

ASSESSOR OFFICE USE ONLY

Reason for Combination: Improvement falls across property line 1% Cap Eligibility

Other _____

Property Owner has been notified of combination, if not signed above

Assessor Signature: _____

AUDITOR OFFICE USE ONLY

I have verified the following:

Initials: _____

- All taxes are current on all properties to be combined.
- All properties are titled the same.
- All properties are in the same state taxing district.
- All properties are adjacent (touching).

Payable Year: _____

New Acreage: _____

New Legal Description: _____
