



Klickitat County Office of Assessor

Crista A. Schroder

205 S. Columbus MS-CH-1 Goldendale, WA 98620

800-764-2235 or 509-773-3715 or Fax 509-773-6397

www.klickitatcounty.org

REQUEST FOR SEGREGATION or MERGER

Please fill out this form to segregate one or more parcels from another parcel, merge two parcels or adjust a boundary line. RCW 84.56.340 requires that property taxes must be paid in full for the year in which the request is made. Segregations or mergers are USUALLY completed in 2 to 4 weeks but unforeseen complications may delay the completion of your request within this time.

All Taxes, Ulids and Special Assessments Must Be Current Before This Segregation/Combination Can Be Processed.

Owner				
Mailing Address		City	State	Zip
Phone		Date of Request		
I am requesting: <input type="checkbox"/> Segregation <input type="checkbox"/> Merger <input type="checkbox"/> Personal Property Number - Manufactured Home <input type="checkbox"/> Other Please Explain:				
Parcel Number(s) and Property Address:				

If your property is outside city limits, please call the Klickitat County Planning Department; within the City of White Salmon, call 509-493-1133; within the City of Bingen, call 509-493-2122; or within the City of Goldendale, call 509-773-3400 prior to submitting this request.

Please check appropriate box:

- I have received approval from the Klickitat County Planning Department or Municipalities to make this change.
- I have not received approval from the Klickitat County Planning Department or Municipalities. **Please note that the changes made may not result in buildable parcels in future if they do not meet Klickitat County Planning Department or any municipalities zoning requirements.**

In order to process your request you will need to provide copies of the documentation supporting your request if the document is un-recorded; i.e., lot status, un-recorded short plat, judgment, etc. Please fill out the attached sheets showing the present status of your parcel including all improvements to the property, and showing how you intend your request to be fulfilled.

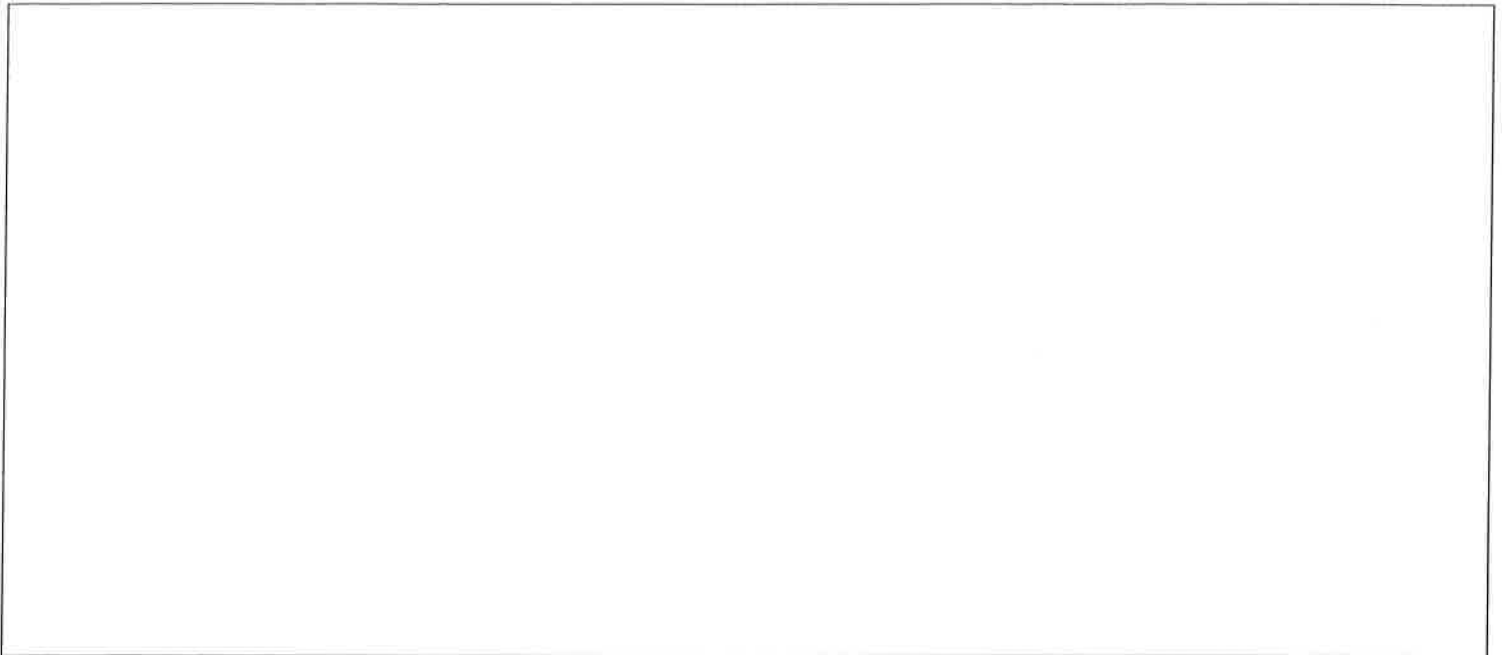
I certify that I am the owner of the above mentioned tax parcels and I am requesting this change to the legal description of the above tax parcels(s) per the attached drawings.

Name: _____

Signature: _____ Date: _____

Office Use Only			
Application Request Taken By _____		Date _____	
Date Entered Into System _____		Date Completed _____	

DRAWING OF ORIGINAL PROPERTY (Note: Draw location of all buildings)

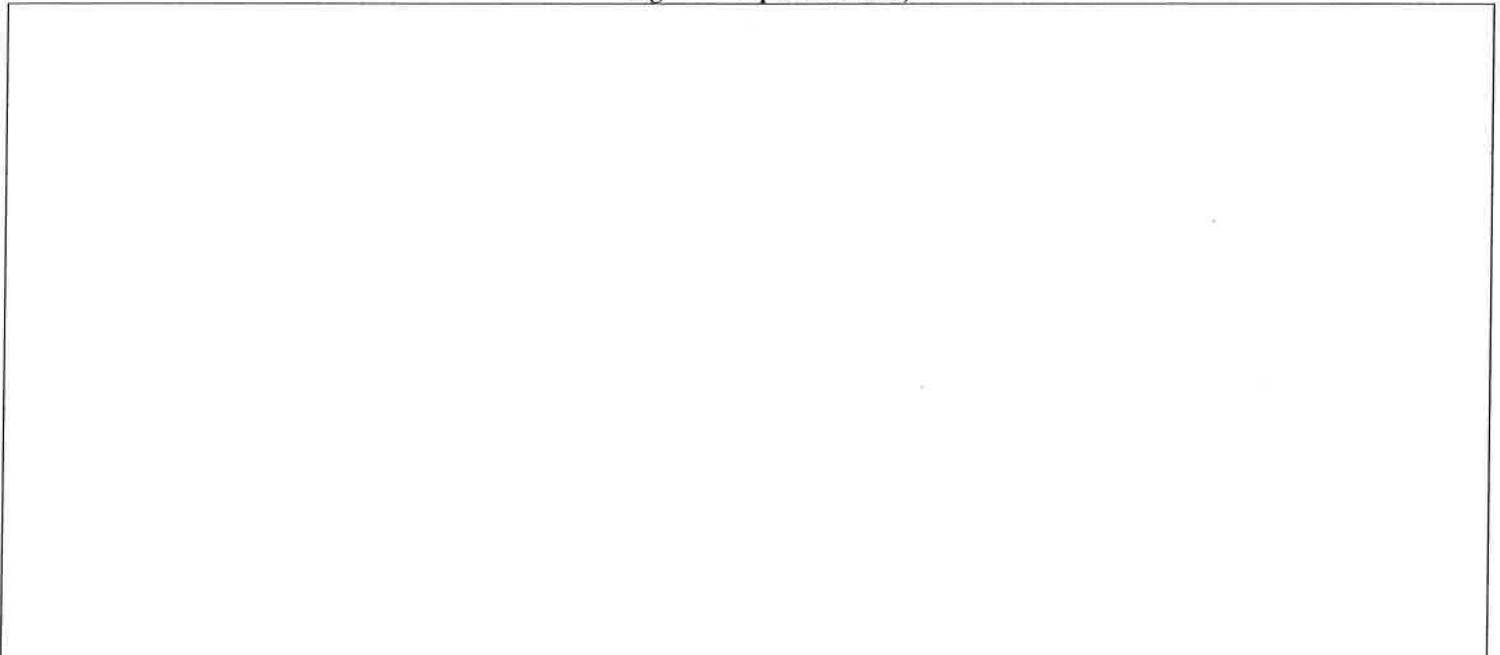


Legal Description of original property:

1. _____

2. _____

DRAWING OF REVISED PROPERTY (Note: Draw all buildings and number each new parcel with corresponding revised tax legal descriptions below)



Revised Legal Description:

1. _____

2. _____
