



Klickitat County Office of Assessor Crista A. Schroder
205 S. Columbus MS-CH-I 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. RCW84.56.340 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 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 – Mobile Home <input type="checkbox"/> Other (Please Explain)				
Parcel Number(s) and Property Address:				

Prior to submitting this request, if within city limits, please contact the City of White Salmon at 509-493-1133, the City of Bingen at 509-493-2122, or the City of Goldendale at 509-773-3771. If your property is outside city limits, please contact the Klickitat County Planning Department at 509-773-5703.

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 unrecorded; 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: _____

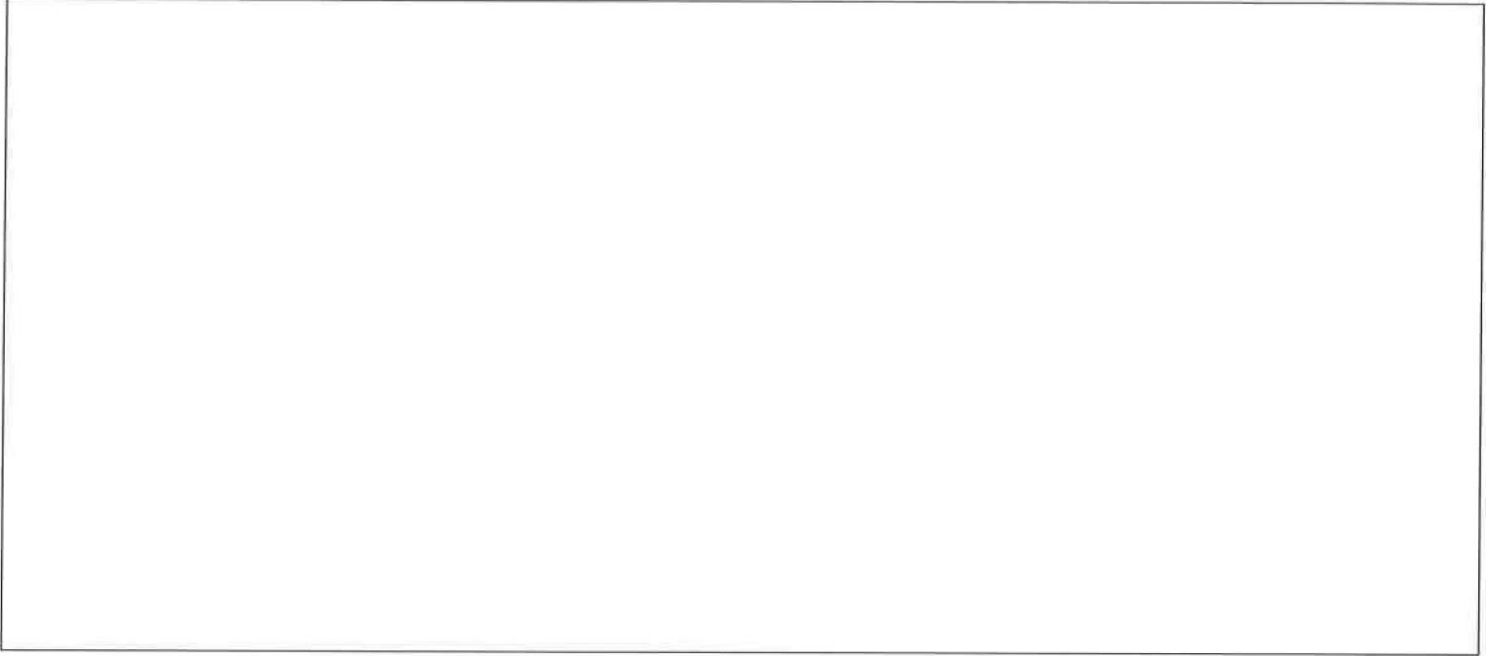
Signature: _____ Date: _____

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

REVERSE SIDE OF FORM MUST BE COMPLETED

Attach additional sheets if necessary

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



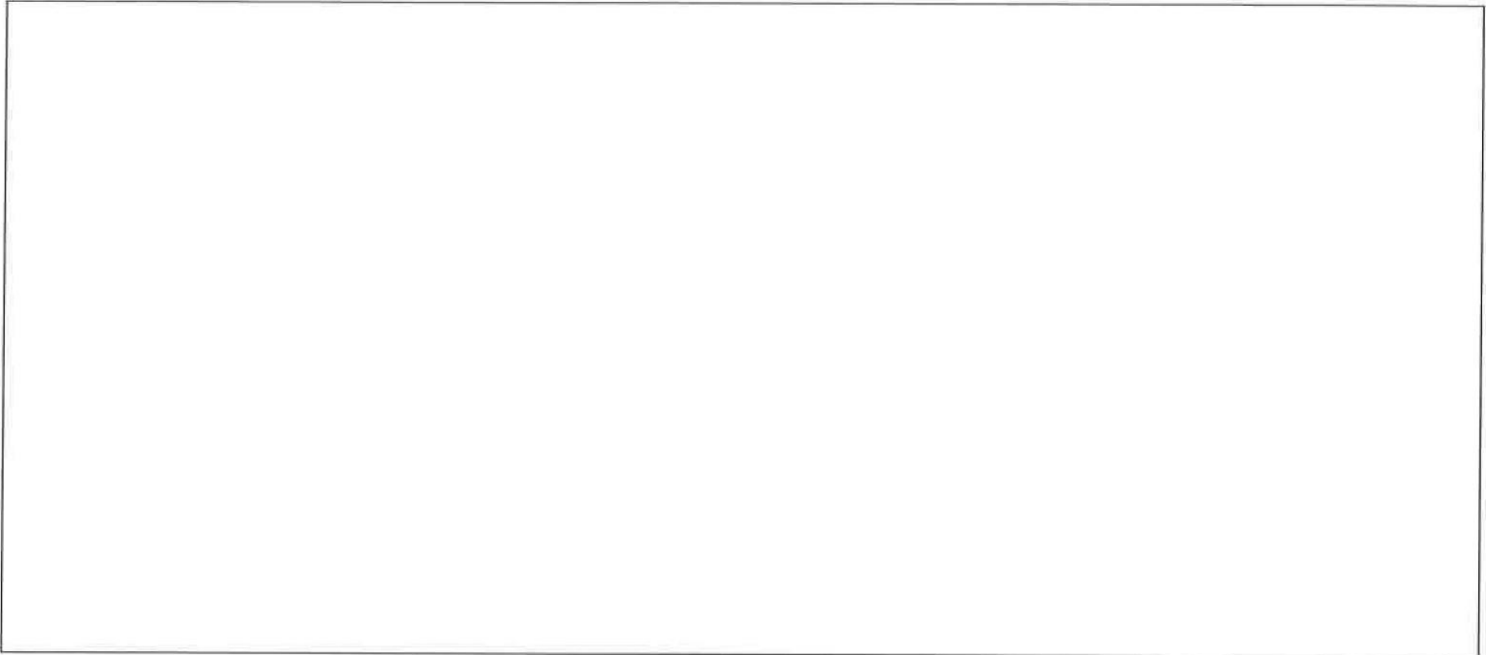
Legal Description of original property:

1. _____

2. _____

DRAWING OF REVISED PROPERTY

(Note: Draw all buildings and number each new parcel with corresponding revised legal descriptions below)



Legal Description of original property:

1. _____

2. _____