



**COUNTY AUDITOR**

SECRETARY OF  
BUDGET COMMISSION  
BOARD OF REVISION

ADMINISTRATOR  
DATA PROCESSING DEPT.

**LAKE COUNTY ADMINISTRATION  
CENTER 105 MAIN ST.**

P. O. BOX 490  
PAINESVILLE, OHIO 44077-0490

440-350-2532  
440-298-3334  
440-918-2532  
440-918-2500

FAX: 440-350-2667

**SEND COMPLETED FORMS**

COMBINATION# \_\_\_\_\_

TO: LAKE COUNTY AUDITORS OFFICE REAL  
ESTATE DIVISION  
105 MAIN STREET  
PAINESVILLE, OH 44077

DATE \_\_\_\_\_

OR EMAIL: [realestate@lakecountyohio.gov](mailto:realestate@lakecountyohio.gov)

PROPERTY OWNER AS LISTED ON TAX DUPLICATE: \_\_\_\_\_

**PLEASE PROVIDE COPIES OF LAST  
DEED OF RECORD FOR EACH PARCEL  
INVOLVED IN COMBINATION**

\_\_\_\_\_  
\_\_\_\_\_

PARCEL NO(S) \_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: All parcels MUST be in the same exact names. All parcels MUST be contiguous.**

Please combine the above mentioned parcels for tax purposes. I understand that by combining the parcels that they can only be split back to their original description by approval of local zoning. I also understand that it is my responsibility to notify the bank of this change if there is a mortgage on the property.

**THIS FORM MUST BE SIGNED BY PROPERTY OWNER(S)**

\_\_\_\_\_  
Owner (PRINT NAME)

\_\_\_\_\_  
AKA Name (PRINT NAME) \*

\_\_\_\_\_  
Owner (SIGNATURE)

\_\_\_\_\_  
AKA Name (SIGNATURE)

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Tax Mailing Address \_\_\_\_\_ Deputy Auditor \_\_\_\_\_

**\*Minor deviations of name spelling will require an AKA signature. Other deviations seek legal advice**

**\*\*Parcels not titled the same (i.e., quit claim and joint survivorship) can be combined but we advise you seek legal counsel or contact a title company to find out how this may affect your title.**

**ORIGINAL FORM CAN BE SUBMITTED BY EITHER MAIL, EMAIL OR IN PERSON.**

**Pursuant to R.C. 5703-25-06 (G) Any combination filed after January 2 each year will become effective for the following year for tax purposes.**