



# VICTORIA CENTRAL APPRAISAL DISTRICT

## CUSTOMER REQUEST FORM SPLIT/MERGE

DATE \_\_\_\_\_

REQUESTED BY:

☐ OWNER

☐ AGENT

FIELD NOTES OR MAP SHOWING WHERE THE SPLIT IS LOCATED IS REQUIRED

REQUEST TYPE: (select all that apply)

☐

SPLIT

☐

MERGE

☐

OTHER

(PLEASE READ)

**MERGES:** ALL QUESTIONS MUST BE ANSWERED IN ORDER FOR THE MERGE REQUEST TO BE GRANTED

**SPLITS:** QUESTIONS MARKED WITH AN ASTERISK(\*) ARE REQUIRED FOR A SPLIT REQUEST

SAME OWNER ON PROPERTIES? (NAMES MUST MATCH EXACT ON ALL PROPERTIES)

ARE PROPERTIES ADJACENT?

ARE PROPERTIES COMMERCIAL?

\*ARE ALL PROPERTY TAXES PAID? (OWNER MUST PAY ALL PAST YEARS TAXES TO MERGE PROPERTIES)

\*ARE PROPERTIES MORTGAGED? ( IF "YES" ATTACH APPROVAL LETTER FROM LENDER/BANK)

\*ARE PROPERTIES IN AN AG EXEMPTION? (AG EXEMPTION WILL NEED TO BE RE-APPLIED FOR)

ARE THERE EXEMPTIONS ON ANY PROPERTIES? (CHECK ALL THAT APPLY)

☐ HOMESTEAD ☐ OV65 ☐ DIS VET ☐ DIS PERSON

OWNER IS AWARE THAT A MERGE/SPLIT OF PROPERTIES WILL RECALCULATE THE OV65, DV, DP EXEMPTIONS CAUSING THE TAXES TO CHANGE

PLEASE INITIAL \_\_\_\_\_

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EFFECTIVE YEAR \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ACCOUNT NUMBERS \_\_\_\_\_

OWNER NAME \_\_\_\_\_

OWNER ADDRESS \_\_\_\_\_

OWNER/AGENT SIGNATURE \_\_\_\_\_