

REQUEST FOR SEPARATE TAX BILLS ON PARCEL DIVISIONS

(Maximum Splits per Parcel-THREE)

If a parcel of real estate is divided, the owner(s) of the divided parcel may request a valuation of the divided parcel. **The value of each new parcel shall represent a reasonable apportionment of the valuation of the original undivided parcel, and the total of the new valuation shall equal the valuation of the original undivided parcel on January 1 of that year. ATTACH COPY OF RECORD DEED & TAX BILL The Assessor list is on the back. Buyer and Seller sign form MUST BE Returned to Real Property Lister by October 15th**

**After Completed Part A -Forward form to Assessor- (Include self-addressed stamped envelope)*

<i>THIS SECTION TO BE COMPLETED BY REAL ESTATE AGENCY/LEGAL FIRM/TAXPAYER</i>		<i>PART A</i>
Original Computer Number of parcel being divided _____		
GRANTOR/SELLER _____		GRANTEE/ BUYER _____
ADDRESS _____		ADDRESS _____
PHONE _____		PHONE _____
LEGAL DESCRIPTION- ATTACH COPY OF PREVIOUS YEAR TAX BILL ACRES _____		LEGAL DESCRIPTION- ATTACH COPY OF NEW DEED ACRES _____
CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> VACANT LAND <input type="checkbox"/> LAND & BUILDINGS		CHECK ONE OF THE FOLLOWING: <input type="checkbox"/> VACANT LAND <input type="checkbox"/> LAND & BUILDINGS

Assessor-After Completed Part B then return form to Buyer/Seller/or Agent

<i>THIS SECTION TO BE COMPLETED BY ASSESSOR</i>			<i>PART B</i>
GRANTOR (Use for 1 lot, make additional copies for each lot/parcel)			GRANTEE (Use for 1 lot, Make additional copies for each lot)
CODE _____	ACRES _____	LAND VALUE _____	CODE _____
CODE _____	ACRES _____	LAND VALUE _____	CODE _____
CODE _____	ACRES _____	LAND VALUE _____	CODE _____
CODE _____	ACRES _____	LAND VALUE _____	CODE _____
IMPROVEMENT VALUE _____	CODE CLASS _____	ACRES _____	IMPROVEMENT VALUE _____
ASSESSOR'S SIGNATURE _____		DATE _____	

We, the undersigned, agree with the values the Assessor has placed on the real estate listed above and agree to pay real estate taxes based on the above valuations.

GRANTOR'S SIGNATURE _____ **DATE** _____

GRANTEE'S SIGNATURE _____ **DATE** _____

After All completed, returned by October 15th of the tax year to: Adams County Real Property Lister PO Box 470 Friendship, WI 53934-0470