



Parcel Combination Request
ROCK ISLAND COUNTY ASSESSMENT OFFICE
1504 3rd Avenue
Rock Island, Illinois 61201
(309) 558-3660 • Fax- (309) 558-3658

Requirements:

- Parcels must have identical owners of record;
- A property owner must sign the form;
- All parcels must be located within the same tax code, and TIF District, if applicable;
- All property taxes must be paid in full;
- All parcels must be contiguous;
- All parcels must have the same zoning.

Township: _____

PIN Number	Parcel	Improved/ Vacant	Acreage		PIN Number	Parcel	Improved/ Vacant	Acreage

I/We understand that combining these parcels may affect the application of zoning ordinances or building codes to the parcels being combined and that there may be a change in assessed valuation for the resulting parcel.

Owner(s) Name Printed _____

Owner(s) Signature _____ **Date** _____

Street Address _____

City, State, Zip _____

Phone Number _____ **Email** _____

There is no fee to submit this form.

For Official Use Only. Do Not Write in This Space

Year Effective: _____ **Taken by:** _____

Retain Parcel# _____ **New PIN** _____ **Acres:** _____

New Legal Description: _____

Assessment: _____

Land: _____ **FL:** _____ **Bldg:** _____ **FB:** _____ **Total:** _____

Assessor Signature _____ **Date** _____

Taxes: _____ **Ownership:** _____ **Contiguous:** _____ **Tax Codes:** _____ **Class:** _____ **TIF:** _____ **Zoning:** _____

Recorder: _____ **GIS:** _____ **Maps:** _____ **Deeds:** _____ **Devnet:** _____ **PDF:** _____