



**Pierce County**

**Office of the Assessor-Treasurer**

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**REQUEST FOR  
SEGREGATION OR COMBINATION**

(circle one)

A property segregation/combination covering the following transaction is requested:

Date \_\_\_\_\_ Parcel Numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this segregation to separate parcels that were combined for "tax purposes only"?

Yes ( ) No ( ) If yes, please list combination number and date \_\_\_\_\_

Send tax statement to:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**ALL TAXES, ULIDS AND SPECIAL ASSESSMENTS MUST BE CURRENT  
BEFORE THIS SEGREGATION/COMBINATION CAN BE PROCESSED.**

I hereby certify that I am the owner(s), taxpayer(s) of the above described property and that the information relating to lot lines and improvements is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**APPROVAL FROM PLANNING OR MUNICIPALITIES**

If approved by the appropriate planning and/or zoning department this request will serve as document of change. This proposed property segregation/combination meets or is exempt from subdivision codes.

APPROVED ( )

DISAPPROVED ( )

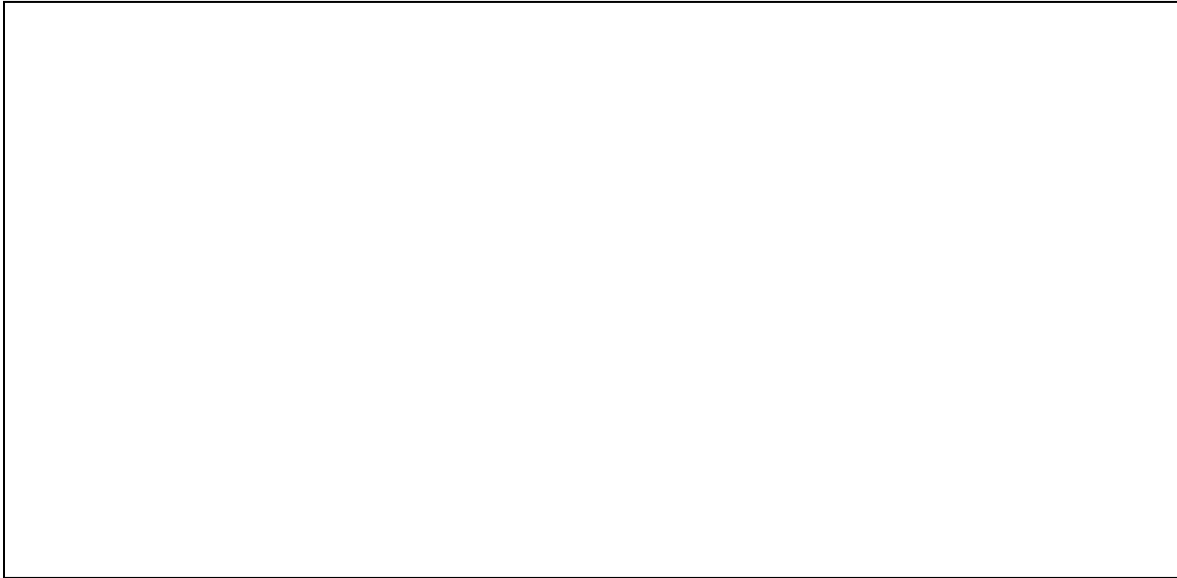
Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Phone \_\_\_\_\_ County or City \_\_\_\_\_

**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 tax legal descriptions below)



Revised Legal Description:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

Per article 9.04 of the Sanitary Sewer Utilities Administrative Code, an \$80.00 fee is required for all segregations of property located inside a Utility Local Improvement District (ULID).

**UTILITIES DEPARTMENT:**

Fee Required: Yes [ ] No [ ] Amount of Fee \_\_\_\_\_

Verification of payment Utility Rep Signature \_\_\_\_\_