



Lake County Assessor & Tax Collector

513 Center Street
 Lakeview, Oregon 97630
 (541) 947-6000
 Fax (541) 947-7012
Dave Knowles, Assessor

AUTHORIZATION FOR CARTOGRAPHY

PLEASE TELL US WHAT YOU WISH TO HAVE ACCOMPLISHED WITH CHANGING YOUR PROPERTY PARCEL(S)

BEFORE YOU COMPLETE THIS REQUEST, PLEASE CONSIDER THE FOLLOWING:

- **DELINQUENT TAXES:** Oregon Revised Statute 308.210(4) does not allow property parcel(s) changes with delinquent taxes owing. YOUR TAXES FOR THE CURRENT YEAR MUST BE PAID.
- **OWNERSHIP:** Parcels to be consolidated must be contiguous and have identical ownership.
- **CHECK LOCAL PLANNING LAWS.** After requesting the change of parcel(s), some planning departments require a formal approval letter.
- **MORTGAGES:** If one or more of the parcels have a mortgage, you should contact your mortgage company for approval prior to submitting your request.
- **ALL OWNERS** are required to sign this request.
- **NEW DEED:** A copy of the new recorded deed should be submitted to this office and attached to this form to start the process of the change to your property. This should be a Recorded County copy of original and should have book and page listed here: Bk _____ Pg _____
- **SURVEY:** Do you need a formal survey completed and submitted to the Building and Planning Department to complete your change?
- **Do you have Planning Department Approval?**
- **Please give us a detailed description of your request.** _____

Type of work Requested:

- Segregation Lot Line Adjustment Combing/Merging Accounts or Cancel & Combine
 Record of Survey Map Or GIS Correction Is this cartography Less than 10 acres
 Splitting Tax Lot U1 U2 U3 Other (Please Describe) _____

❖ Please choose any of the above boxes that pertains to your cartography request by putting a check mark or marks in the boxes above.



I/We request that the following parcels be changed from the current cartography:

Account Number	Map Number	Tax Lot Number

***Please attach county plat map if one is available for the change with before and after said change.**

 Print Name of Owner(s) _____
 Date

 Street Address _____
 Daytime Telephone Number

 City State Zip Code

 Signature of Owner or Owners

 Signature of Assessor

When this form is completed. Return to:

Lake County Assessor & Tax Collector
 513 Center Street
 Lakeview, OR 97601