AUTHORIZATION FOR CARTOGRAPHY

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

*Check all that apply*

- Segregation
- Map or GIS Correction
- Splitting tax lot U1 U2 U3
- Partition
- Combining/Merging Accts
- Record of Survey
- Lot Line Adjustment
- Is this tax lot 10 acres or less?
- Other: (please describe below):

PLEASE CONSIDER THE FOLLOWING BEFORE COMPLETING THIS REQUEST:

- **DELIQUENT 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, and all owners must agree and authorized changes.

- **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 can be a copy of original and should have document # listed here:

- **SURVEY**: Do you need a formal survey completed and submitted to the Building and Planning Department to complete your change?

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

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Map Number</th>
<th>Tax Lot Number</th>
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**Please attach a county plat map with the before and after changes to assist us with your changes**

Print Name of Owner(s) ___________________________ Date __________

Street Address ___________________________ Daytime Telephone Number __________

City ___________________________ State ___________________________ Zip Code __________

Signature of Owner or Owners (all owners must sign) ___________________________ Date __________

*Signature of Planning Dept. Director ___________________________ Date __________

*Signature of Assessor ___________________________ Date __________

**Return Completed Form to the Assessor's Office**