

Request Form For Split / Combine / Other  
**Alachua County Property Appraisers Office**

I hereby request the following:

Circle one

1. Combine  
Titles must be identical on combines.
2. Split
3. Other

Date \_\_\_\_\_ Information taken by: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

**All Owners MUST sign request**

Name:(print) \_\_\_\_\_

(signature) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

**Pertinent Notes:**

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**Completed By Deputy:**

GIS \_\_\_\_\_

Date \_\_\_\_\_

Appraiser \_\_\_\_\_

Date \_\_\_\_\_

\*\*Please Note: Under Florida State Statutes 193.1554 & 193.1555 there may or may not be an increase in value of property which is attributable to combining or dividing property.\*\*