

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed By Deputy:

GIS \_\_\_\_\_ Date \_\_\_\_\_ Appraiser \_\_\_\_\_ Date \_\_\_\_\_