

PEGGY HOLINGA KATONA Auditor

2293 North Main Street Crown Point, IN 46307 219-755-3120 Fax: 219-755-3023

Lake County Auditor

2025 payable 2026 Tax Year Combination Request Form

Please complete this form and submit at the Auditor's Office or mail to:

Lake County Auditor's Office
Real Estate Department
2293 N Main St
Crown Point, IN 46307
Or Fax (219)755-3023

Parcel	Numbers:	VALID JANUARY 2	2, 2024 THRU JANUA	RY 1, 2025	
			· ————————————————————————————————————		
1) 2) 3)	Abination will not be compl Any overdue taxes are on any Ownership doesn't match exa Parcels are not contiguous Parcels lie in different sections	of the parcels ctly	conditions exist at the tin	ne of processing:	
splitting. Any quest I hereby	or undoing a combination we tions pertaining to assessme y certify that I have re s this combination re	ent of the combined parcel mead and understand the	ust be directed towards the ne above conditions,	Assessor's Offices. and I authorize the A	·
	Check if this also ch	anging the tax mailing	g address		
Owner	r's Name:				
	estor's Name:				
Relatio	onship to Owner: _				
	g Address:				
City: _			State: _	Zip:	
(Option	nal) Email:				
Signa	nture:			Date:	
Official U	Jse Only:				
Signature	۵:		Accepted:		

Denied: ____ (Taxes ___ Ownership ___ Not contiguous ___ Other ____

Owner notified _____