

REQUEST FOR TAX MAP REVISION
RP1-6/96

DATE RECEIVED BY REAL PROPERTY OFFICE _____

PRIORITY CODE ____ 1=ASAP 2=TAXABLE STATUS PROBLEMS 3=UNKNOWN, ETC.

LANDOWNER/ASSESSOR USE

TOWN/VILL/CITY OF _____ C.O.E. (YES/NO/MAYBE)

REQUESTED BY _____ DATE _____

PREVIOUS OWNER _____

NEW OR PRESENT OWNER _____

ADDRESS _____ TEL. NO. _____

TAX MAP PARCEL ID NO. _____

PLEASE MAKE ANY REMARKS WHICH MAY HELP THE TECHNICIAN DO THE RESEARCH SUCH AS SURVEYS, DEED INFORMATION, ABSTRACTS, WILLS, DEED PLOTS, ETC: (ANY SKETCHES THAT YOU COULD MAKE ON THE BACK WOULD BE MOST HELPFUL)

PLEASE MAKE THE FOLLOWING REVISION:

() SEPARATE PARCEL _____

() COMBINE PARCEL _____

() CHECK PLOTTING _____

() OTHER _____

ASSESSOR APPROVAL _____ DATE _____

TECHNICIAN USE ONLY

() DELINQUENT TAXES CHECKED _____ INIT _____

() UNABLE TO REVISE FOR THE FOLLOWING REASON _____

RESEARCH DONE _____ INKED _____ KEYED _____

SEND RESPONSE TO: _____

ADDRESS: _____

PHONE: _____ DATE DONE _____ INIT _____

DATE LOGGED OUT : ____