

Request for Tax Parcel
Division and/or Consolidation
JACKSON COUNTY ASSESSMENT OFFICE
Tammy Ehlers Supervisor of Assessments
900 Walnut Murphysboro, IL 62966
Phone: 618-687-7220
Website: www.jacksoncounty-il.gov

I hereby request the Jackson County Supervisor of Assessments to reconfigure the tax parcel boundaries of the property represented by the following permanent index number(s), by consolidation and/or dividing the property to be listed as _____(#) new parcel(s). Use additional pages if necessary to list the existing parcels and the new parcel(s) legal description(s)

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NEW TAX PARCEL INFORMATION (Please Print)

Requester's Name: _____

Address: _____

Phone: _____ email: _____

I hereby certify that I am the owner trustee, or person having the power of attorney (attach copy of power of attorney form) for the owner of the above listed parcels.

Requester's Signature _____ Date _____

REQUIREMENTS FOR FILING

1. Divisions or consolidations cannot be processed until both installments of all current or previous tax Payments are paid in full (**BEGINNING JAN. 1, 2016 PROOF OF PAYMENT AND PROOF OF REDEMPTION OF ANY TAXES SOLD AT TAX SALE, JUST BE PROVIDED. IF THIS INFORMATION IS NOT PROVIDED AND ATTACHED WITH THIS FORM, THE LAND DIVISION OR COMBINATION WILL NOT BE DONE.**)
2. Ownership must be IDENTICAL for all parcels to be consolidated.
3. All parcels to be consolidated must have the same tax code and be contiguous.
4. A new approved legal description will need to be provided for division requests. Any division request of any Parcel involving parcels less than 5 acres, a plat of survey will be required
5. This request form cannot be used to make changes to a condominium. An amendment to the Condominium Declaration will have to be adopted and filed with the Recorder of Deeds.
6. All divisions and consolidation requests are subject to Supervisor of Assessments Mapping Department approval.
7. All division and consolidations will be done for the following tax year. (Request made in 2017, the division or consolidation will be done for the 2018 tax year payable in 2019.)

_____ City of Carbondale/Murphysboro jurisdiction. Must be approved by zoning department:

Signature of City Zoning Officer _____ Date _____