

## SPLIT PARCELS FORM

I/we,				, do
hereby request of the Ottawa County Auditor, on this		day of	, 20	, to split the
following tax parcel number into one (or mo	ore) for taxing p	ourposes:		
Parcel Number	Brief Legal Description (from website)			
By signing below, I acknowledge that the lot parcel in a platted subdivision and not acknowledge that this is for taxing purport record in the Ottawa County Recorder's disadvantages as a result of splitting parcel.	t real property i ses only and do	n a metes and bounds of the ses not change or alter a	lescription. I a	also iptions of
Signature		Date		
Print Name		Phone Num	ıber	
Tax Mailing Address		City, State,	Zip	