

COMBINATION REQUEST

DATE OF REQUEST: _____

PPI / SCHEDULE NUMBERS TO BE COMBINED:

SIGNATURE OF INDIVIDUAL REQUESTING COMBINATION CHANGE:

OWNER: _____ PHONE #: _____
OR
AGENT:* _____ PHONE #: _____

*** Agents need to provide letter of authorization to act on owner's behalf in this matter.**

FOR OFFICE USE ONLY

REQUEST TAKEN BY: _____ DEPT: _____

IS TAC CORRECT: YES _____ NO _____ IF NO, ENTER CORRECT TAC: _____

COMMENTS: _____

NEW PPI / SCHEDULE NUMBERS: _____

DATE BREAKDOWN COMPLETED: _____ / _____ / _____

COMPLETED BY: _____

**RETURN TO: ARAPAHOE COUNTY ASSESSOR'S OFFICE
ATTN: BETTY FINE
5334 S. PRINCE ST.
LITTLETON, CO 80120-1136**