

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 NUMBER: _____

DATE COMBINATION COMPLETED: ____/____/____

COMPLETED BY: _____

**RETURN TO : ARAPAHOE COUNTY ASSESSOR'S OFFICE
ATTN: BETTY FINE
5334 S. PRINCE ST
LITTLETON, COLORADO 80166-0001**