



# DARLINGTON COUNTY ASSESSOR'S OFFICE

1 Public Square, Room 309 • Darlington, SC 29532 • Phone: 843-398-4180 • Fax: 843-398-4002

## Combination Request

### Requirements

All property taxes must be paid in full.  
Parcels must have the same deeded ownership.

Parcels must be adjacent (contiguous land).  
Parcels must be in the same municipality & districts (i.e. School, Fire, Agriculture, etc.)

### Ownership Information

<b>Requested By:</b>		<b>Date:</b>	
<b>Owner(s) Name(s):</b>		<b>Telephone (Day):</b>	
<b>Owners Address:</b>		<b>Telephone (Eve):</b>	
<b>City, State, Zip:</b>		<b>E-mail:</b>	

**Merge Requirements:**      Same Ownership      Same Tax District      Contiguous

### Parcel Numbers To Be Combined

### Reason For Merging Property (please check)

	Parcel Numbers		Receipt Numbers
Please List Separately On Line Provided	1)		1)
	2)		2)
	3)		3)
	4)		4)
	5)		5)
	6)		6)
	7)		7)
	8)		8)

<input type="checkbox"/> Legal Residence  <input type="checkbox"/> Homestead Exemption  <input type="checkbox"/> Other (please explain) _____ _____ _____ _____	<input type="checkbox"/> Agriculture  <input type="checkbox"/> Group Tax Bills
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### Property Owners Acknowledgment

I (We) the undersigned owners of the Real Property described above request that the above mentioned properties be combined and I (We) understand that the reversal of this merge may not be possible without consent of the local Planning Board. I (We) acknowledge that the above stated requirements have been met and I (We) will hold the Darlington County Assessors Office harmless for any problems that may occur from such merge.

I (We) the undersigned owners of the Real Property described above request that the above mentioned properties **not** be combined.

<b>Signature of Owner:</b>		<b>Date:</b>	
<b>Signature of Agent:</b>		<b>Relationship to Owner:</b>	

**Agent's Full Mailing Address:** \_\_\_\_\_

**Please make any remarks o the reverse side of this form that will assist the Appraisers to do their research.  
Also include any Surveys, Deed Information, Abstracts, Wills, Plots Etc which be applicable.**

### For Official Use Only

**Approved**

Appraisers Initials \_\_\_\_\_  
 Date \_\_\_\_\_  
 Mappers Initials \_\_\_\_\_  
 Date \_\_\_\_\_

**Request Denied**

Reason Request Denied:  
 Delinquent Taxes  
 Different Deeded Owners  
 Different Tax Districts  
 Parcels Not Adjacent  
 Different Municipalities  
 Other: \_\_\_\_\_