



Gregg Appraisal District

Combine Properties

Applicant Information

Full Name: _____ Date: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Owner Information:

Owner Name: _____ Owner Address: _____

Do any of the below properties have delinquent taxes due? YES NO

Do any of the below properties currently have a lien attached to them? YES NO

Properties Requested to Combine

Combine Properties From:	Combine Properties To:
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Geo: _____	Geo: _____
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Parcel: _____	Parcel: _____
---------------	---------------

Legal: _____	Legal: _____
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Geo: _____	Geo: _____
------------	------------

Parcel: _____	Parcel: _____
---------------	---------------

Legal: _____	Legal: _____
--------------	--------------

Geo: _____	Geo: _____
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Parcel: _____	Parcel: _____
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Legal: _____	Legal: _____
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Signature

I certify that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____