



County of Yolo

OFFICE OF THE COUNTY ASSESSOR, 625 COURT STREET ROOM 104, WOODLAND, CA 95695

JESSE SALINAS

Assessor / Clerk-Recorder / Registrar of Voters

FROM: WEST SACRAMENTO
FROM: DAVIS
FAX NUMBER

(530) 666-8135
(916) 375-6496
(530) 666-8135
(530) 666-8213

Property Owner's Request for Parcel Change

(Combination and Split - Yolo)

**Assessor
Use only**

Date Received:

*** This request is for assessment purposes only ***

Owner Name: _____ Phone: (_____) _____ - _____
(Mon - Fri, 8am to 5 pm)

Mailing Address: _____
and Street City State Zip

Parcels: _____

Combine

Split

PLEASE NOTE: This form does not divide parcels for sale or development purposes nor does it reflect the legality of underlying parcels. You must contact your local planning department for more information regarding division of parcels or certificates of compliance.

Owner Signature: _____ Date: _____

Email: _____

*** This request is for assessment purposes only ***

For Assessor's Use *(Assessor Staff please deliver this original form directly Mapping):* _____

Approved by: _____ *(Initial)*

Date of Approval: ____/____/20____

Additional Information/Remarks: