



COUNTY OF YOLO

ASSESSOR'S OFFICE
625 COURT STREET, ROOM 104, WOODLAND CA 95695
(P) 530.666.8135 (F) 530.666.8213

JESSE SALINAS
ASSESSOR



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 to Mapping):*

Approved by Asr: _____ (Initial) Date of Approval: ____/____/20____
Additional Information/Remarks: