



ASSESSOR'S OFFICE

22 Washington Street, Eastport, ME 04631

Te: (207) 853-2300

**REQUEST FOR REAL PROPERTY TAX PARCELS
TO BE SPLIT OR MERGED**

Please return to the above address or email to assessor@eastport-me.gov

I (We) _____ as owner(s) of parcel(s) of land in the **City of Eastport**, request that the following parcel(s) of land, be;

Address: _____ Map/Lot#: _____

Address: _____ Map/Lot#: _____

Merged or combined into new parcel(s) pursuant to filed deed(s) or filed survey/subdivision map(s). Please provide the file number of the survey/subdivision map(s) or deed(s) as recorded in the Washington County Registry of Deeds. _____

Split or subdivided into a total of _____ individual tax parcels. Please list the file number(s) for the deed(s) or map(s) as recorded in the Washington County Registry of Deeds.

To the Property Owner: Please be advised that the request you make to this office is separate from any procedures or requirements set forth in the City of Eastport Ordinance. Please contact the Code Enforcement Officer to verify that the new lot will meet current zoning requirements. This procedure is for the Assessor's Office ONLY. Your property will not be split until the property taxes have been paid in full.

SIGNATURE: _____

CONTACT PHONE #: _____

EMAIL ADDRESS: _____

LEGAL DESCRIPTION ATTACHED: YES NO

TAXES PAID: YES NO **DATE PAID:** _____

ASSESSOR'S OFFICE: This section to be completed by the assessor

_____ APPROVED _____ PENDING _____ DENIED

Assessor Signature: _____ Date: _____