

Town of Webster

Where Life Is Worth Living!



Office of the Assessor
1000 Ridge Road, Webster, NY 14580-2917

585-872-7051
Fax 585-872-4437
www.ci.webster.ny.us

SM#: _____

Courtesy Combination Request

This request form must be returned and processed prior to March 1st to be effective for the current tax year, to be reflected on the September tax bill of the same year. Please be advised, the deadline is for your locally approved request to reach the County by March 1. We recommend you provide our offices at least one week to complete its review and submit your request.

Properties may be combined on assessment roll and tax maps, contingent upon the following requirements, and with the local authorizations below.

1. Properties to be combined are contiguous (i.e.: adjacent to, touching) one another, but not divided by a county, municipal, or school boundary.
2. Title to properties being combined is vested identically (i.e.: names of owners are *exactly* the same.)
3. Properties to be combined are not part of an approved subdivision on file with Monroe County.
4. IF ALL THE ABOVE CRITERIA ARE TRUE, THEN ALSO: Proof must be provided by the applicant(s) for the payment of the January tax payments before this request will be considered.

The undersigned hereby requests a merge of the following parcels for assessment purposes:

NAME of OWNER(S): _____
(Exactly as it appears on the deeds – PLEASE PRINT)

PLEASE COMBINE ☐ TOWN or ☐ VILLAGE Tax Map Numbers below:
(Choose one)

_____ with _____ and with _____

I understand that the Assessor is not authorized to reverse this process in the future.

Signature of ALL owners is required. Use additional sheets if necessary.

REQUESTED BY: _____ DATE: ____/____/____ PHONE: _____
Signature of Property Owner

REQUESTED BY: _____ DATE: ____/____/____ PHONE: _____
Signature of Property Owner

FOR OFFICE USE ONLY:

LOCAL AUTHORIZATION (Final Authorization is granted by Monroe County RPTS)

Town Director
Of Community
Development: _____
or Village CEO: _____
Request Approved if signed

DATE: _____

Assessor: _____
Request Approved if signed

DATE: _____

New ID #: _____

To MCRPTS: _____