

Combine/Separate Parcel Form

Owner's Name_____

Parcel Numbers to be **Combined**:

____-____-____-____-____-____

____-____-____-____-____-____

____-____-____-____-____-____

____-____-____-____-____-____

Parcel Number to be **Separated**:

____-____-____-____-____-____

Legal Description_____

Reason for

Split/Combine_____

Signature of Owner

Date

Signature of Deputy Clerk

Date

* This form has been sent to you at your request. Please complete and return it to the following address.

Rhonda M. Skipper, CFA

Franklin County Property Appraiser

33 Market Street, Suite 101

Apalachicola, Florida 32320