OFFICE OF THE ASSESSOR

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BOB DUTTON
Assessor-Recorder-County Clerk

# PARCEL COMBINATION AND RESCISSION GUIDELINES

**PROPERTY IN THE COUNTY OF SAN BERNARDINO CAN BE COMBINED BY TWO METHODS:**

1. Record a Notice of Merger followed by a recorded deed from the current owner to the current owner, using the new legal description created by the merger.
2. Request a Combination for Assessment purposes only.

**NOTICE OF MERGER PROCEDURES:**

1. Contact County or City planning and Special Districts.
2. Request a formal merger of parcels.
3. Record the Notice of Merger with the County Recorder.

**Note:** A notice of merger affects the legality of the parcel for planning and development purposes. To have it reversed; it must be approved by County or City Planning.

**COMBINATION FOR ASSESSMENT PURPOSES ONLY PROCEDURES:**

By signing below, you understand and state that the following is true.

1. I declare that the:
   a. Parcels are contiguous (next to each other).
   b. Parcels are in the same tax rate area.
   c. Taxes on the parcels are not delinquent.
   d. Ownership/Vesting is in the exact same name(s) (cannot vary in any way).
2. I am aware that a combination for assessment purposes has no effect on the legality of the parcels for planning or development purposes, and any special assessments levied for sewer, water or road maintenance will still be in effect.
3. Enclosed is a check or money order in the amount of $108.00, non-refundable processing fee.

**RESCISSION OF COMBINATION PROCEDURES:**

1. I would like to rescind my parcel combination and return my parcels to their original configuration and legal descriptions.
2. Enclosed is a check or money order in the amount of $108.00, non-refundable processing fee.

**CIRCLE ONE:** **COMBINATION** **RESCISSION OF COMBINATION**

PARCEL NUMBERS TO BE COMBINED/RESCINDED FOR ASSESSMENT PURPOSES: _____

_____

ASSESSED OWNERS: _____

_____

MAILING ADDRESS: _____

TELEPHONE NUMBER: (____) _____ ALTERNATE TELEPHONE NUMBER: (____) _____

OWNER'S SIGNATURE: _____ DATE: _____

DATE FEE PAID: _____