

ASSESSOR'S OFFICE
Town of Blooming Grove
P.O. Box 358, Horton Road and Route 94
Blooming Grove, New York 10914
(845) 496-5223, Ext. 5
Assessor – Lori Coady

PROCESS TO REQUEST COMBINATION OF ADJACENT PROPERTIES
Please read instructions on back of form.

Instructions

This process is initiated through the Town of Blooming Grove Assessor's Office. To combine properties for tax purposes, the properties must be adjacent to each other.

Complete and submit this form to the Assessor's Office as soon as possible. It is best to submit by January 1st to ensure the process is complete for March 1st, Town of Blooming Grove Taxable Status Day.

The section, block, and lot number is on your tax bill and can also be obtained at www.co.orange.ny.us or at the Town of Blooming Grove Tax Assessor's Office at the address shown above.

A copy of the paid tax bill for each property for the current year must be submitted with this form. The parcels to be combined must be in the same school district.

Once the information is submitted to the Assessor, it will be reviewed, approved and sent to the Goshen Tax Office for a tax map search and to update the tax map. This could take 3 to 6 weeks.

Non-conforming properties may not be separated once consolidated per Blooming Grove Planning Board Laws.

Please bring proof of identification, such as a Driver's License, with you.

Complete the information on the back of this form.

Submit the form to the address shown above.

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REQUEST FOR COMBINATION OF ADJACENT PROPERTIES

Date: _____

Town/Village: _____

School District: _____

I wish to combine the following properties:
Check box to show parcel to decimal off.

| | Section | Block | Lot |
|-----------------------------|---------|-------|-------|
| <input type="checkbox"/> 1. | _____ | _____ | _____ |
| <input type="checkbox"/> 2. | _____ | _____ | _____ |
| <input type="checkbox"/> 3. | _____ | _____ | _____ |
| <input type="checkbox"/> 4. | _____ | _____ | _____ |
| <input type="checkbox"/> 5. | _____ | _____ | _____ |
| <input type="checkbox"/> 6. | _____ | _____ | _____ |

| For Tax Map Department Use. | |
|-----------------------------|-------|
| Deed | Owner |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Check box to confirm:

- Taxes on all properties are paid for the current year and copy of paid bill is attached.
- All parcels are in the same school district.

Assessor's Signature:
Authorizing and Confirming the above: _____

Print Owner's Name: _____
Name must be exactly as shown in deed.

Owner's Signature: _____

Owner's Daytime Telephone: _____