



COUNTY OF CLARION OFFICE OF ASSESSMENT AND REVISION OF TAXES

421 MAIN STREET CLARION, PA 16214
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COMBINATION OF PROPERTY

Date: _____

Name of property owner(s) as appears EXACTLY on the deed(s): _____

Address of Taxpayer: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____

Map Number	Control Number	Deed Book/Page Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I request that the above contiguous properties of real estate and/or mineral rights be combined for taxing purposes.

Signature of taxpayers
