**Job #**
*(To be entered by OCLD personnel)*

# TAX PARCEL SPLIT/DIVISION FORM

CVT Code

CVT NAME

Number of Parent Parcels involved in Split/Combination

## Parcel or PIN Numbers of the Parent Parcels

| | | |
|---|---|---|
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| - - - - - | - - - - - | - - - - - |
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| - - - - - | - - - - - | - - - - - |
| - - - - - | - - - - - | - - - - - |

Number of New Child Parcels Created:

Please fill out a CHILD PARCEL INFORMATION form for each parcel being created and attach all source documents pertaining to the desired changes.

*Submit to:*

**Oakland County Equalization Division**
**Land Division Department**
**250 Elizabeth Lake Rd., Suite 1000W**
**Pontiac, MI 48341-0431**