

Segregation Request

Wahkiakum County Assessor

Parent Parcel Number (Geo ID) and PID: _____

Parent Parcel Number of Acres: _____

1. If your parcels will be 5 acres or less, they may be subject to short plat and subdivision rules. Please see the Wahkiakum County Building and Planning Department for more information.
2. Taxes on the parcel **MUST** be paid in full before a segregation can be completed.
3. This form must be filled out in full, with notarized signatures of all property owners.
4. Please attach a sketch or description of any improvements on the property and which parcel they will be on. This ensures that improvement values are placed on the correct parcels.
5. A complete legal description of the parcels **MUST** be attached to this request.

OWNER NAME: _____

MAILING ADDRESS: _____

PHONE: _____ **EMAIL:** _____

I/we _____ do hereby declare that I/we are the legal owners of record and are requesting the segregation of the above listed parcel. I/we are also acknowledging that I/we have read this form in its' entirety.

SIGNATURE OF PROPERTY OWNER DATE

SIGNATURE OF PROPERTY OWNER DATE

SIGNATURE OF PROPERTY OWNER DATE

STATE OF WASHINGTON
COUNTY OF WAHAKIAKUM

On this day personally appeared before me _____

to me known to be the individual in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal this ____ day of _____, 20____.

Notary Public in and for the State of Washington residing at _____.

NOTARY SIGNATURE

(SEAL/STAMP)

