

GEAUGA COUNTY SPLIT TAX FORM

CHECK IF REQUEST IS FOR ESTIMATE ONLY

TAXING DISTRICT _____ PARENT PARCEL # _____ TAX YEAR _____ DATE OF LAND SPLIT _____

NAME ON TAX DUPLICATE _____ ACRES _____

LAND VALUE _____ BUILDING VALUE _____ TOTAL VALUE _____ CAUV VALUE _____

APPLICANT MUST INCLUDE LIST OF ALL BUILDINGS FOR CURRENT YEAR

ANY COMBINATIONS OF PARCELS DO NOT TAKE EFFECT UNTIL THE FOLLOWING YEARS TAX DUPLICATE.
APPLICANT MUST INCLUDE ACREAGE BEING SPLIT OUT OF EACH PARCEL

ORIGINAL OWNERS NAME & ADDRESS (TAXABLE VALUATION - ON CURRENT TAX DUPLICATE)

PARENT PARCEL#	ACRES	LAND	BLDG	TOTAL	1/2 FULL TAX RT	COMPOSITE R/A	10% ROLLBACK	2 1/2% ROLL	HOMESTEAD	SUBTOTAL ADJ	DELQUENCIES	SPEC ASSESS	ADJ TOTAL TAX

OWNERS & PARCEL#S SPLIT FROM PARENT PARCEL#

	ACRES	LAND	BLDG	TOTAL	1/2 FULL TAX RT	COMPOSITE R/A	10% ROLLBACK	2 1/2% ROLL	HOMESTEAD	SUBTOTAL ADJ	DELQUENCIES	SPEC ASSESS	ADJ TOTAL TAX
REMAINDER - PARCEL #													
TOTAL													

DATE COMPLETE _____

PERSON, PERSON(S) OR AGENCY REQUESTING SPLIT TAX BILL _____

SIGNATURE OF GRANTOR _____

TELEPHONE _____

SIGNATURE OF GRANTEE _____