

MAIL TO:

Comments:

Attn: Map Room

RECEIVED

JUN 16 2025

MARION COUNTY ASSESSOR

**DELIVER TO OFFICE AT:** 

Marion County Assessor

## SEGREGATION REQUEST FOR THE

2025 TAX YEAR

**EMAIL:** 

assessor@co.marion.or.us

It is your desire as **authorized by signature below** to segregate the lot/tract/parcel identified below into two or more tax accounts. This request only applies to previously platted lots (subdivisions, partition plats, etc.), and can only be created along the original lot lines of those plats. Requests taken after **June 30** will not be completed prior to tax statement printing. Taxes must be **paid in full** prior to the Assessor's Office completing this request.

Please check local planning laws to ensure this action will not cause any undesired results.

FAX TO:

Attn: Map Room

Ouestions about this form may be directed to the Assessor's Map Room at 503-588-5236, 8:00 a.m. to 5:00 p.m.weekdays.

You may submit this form in any of the following manners, making sure it has been signed before sending.

Marion County Assessor PO Box 14500 Salem, OR 97309	503-588-7985	Map Room Counter 555 Court St NE, Ste 2233 Salem, OR 97301	
I request the Assessor's Of	ffice restore		515842 061W10AD01500 612337 (New) 061W10AD01501
Of Block N/A  In subdivision/partition		ed)	Reel 68, Page 368 Parcel I = TL 1500 Parcel II = TL 1501
	Tax Lot061W10AD0150	00	
Account Number: Requested by: INGA BA		Phone: 541-409-459	
		Email: kgballeby@gmail.com  Date Signed:	
	OFFI	ICE USE ONLY	
Request Taken By:		Cartog/Date Completed: Jason Si	
Exempt? K No Yes		Taxes are paid in full? 🤽 Yes 🤇	No