



Tax Map Correction/Split Request Form

Date_____Town/Village_____(SWIS)_____

Section_____Block_____Lot_____

Parcel Address_____

Parcel Owner Name and Signature_____

Name of Party Requesting Revision_____

Contact information Phone and Email_____

Type of Map Correction Requested: (please check all that apply and give a description of the correction.)

Acreage		
Road Frontage		
Lot Line (s)		
Lot Location		
Ownership		
Other		

Documents Submitted with Request:

Survey Map		
Deed		
Other		

Real Property staff will review this request and inform you of any intended map revisions. Further documentation may be necessary to complete the requested changes. If Survey Maps have not been filed with the County Clerk, then permission must be granted for their use.

Mapper Concerns/Notes_____Revision Date_____