City of Hampton

PIN/LRSN/RPC# _____

Administrative Merge Reversal Request

Office of the Assessor of Real Estate

This form must be completed by or on behalf of the Owner of Record. For this purpose, the "Owner of Record" is the current legal title holder of the Property, as identified in the records of the Office of the Assessor of Real Estate for the City of Hampton and/or the Office of the Clerk of the Circuit Court of the City of Hampton, Virginia. When an agent is representing the owner of record, the Owner of record must submit a current power of attorney form (available from the Office of the Assessor) or a current letter of authorization, in substantially the same form, with the request, authorizing the agent to represent the owner. The power of attorney form or letter of authorization must apply for the current calendar year. Signatures must be notarized.

Return by mail: Office of the Assessor of Real Estate
1 Franklin Street, Suite 602
Hampton, VA 23669

Return by email: assessorswebmail@hampton.gov

OFFICE USE ONLY

Date Received _____

Processed/Initial _____

New LRSN(S) _____

EMAIL REQUESTS MUST CONTAIN AN IMAGE OF THIS COMPLETED CERTIFICATION WITH PROPER SIGNATURE

PLEASE PRINT

Hampton Property Address: _____

Owner of Record: _____

Requesting Party Signature: _____

Check one: Owner ____ Corporate Officer_____ Authorized Agent___

I hereby request that the administrative merge for the above-listed parcel be reversed. I understand that the property listed above will be split in its entirety to the original subdivision dimensions, if possible. When the merge reversal is processed in the Assessor's records, any further actions on the property must be coordinated with the Community Development Department. I certify that the information contained herein is, to the best of my knowledge, both true and correct.

Date: _____

_____	_____
Print Name	**Signature**
_____	_____
Phone Number	**Email**
_____	_____
Mailing Address of Agent (if applicable)	**City, State, Zip of Agent (if applicable)**