



MERCER COUNTY TAX ASSESSMENT OFFICE

REQUEST FOR NEW PARCEL ID NUMBER

Date: _____

Applicant: _____

Application Address: _____

Phone: _____ Email: _____

Current Property Owner's Name: _____

Parent Parcel ID: _____

City/Boro/Township: _____

Plan Name: _____

Plan Recording Reference: _____

Lot Number: _____ Lot Size: _____

OFFICE USE ONLY:

Pursuant to the information provided by the Applicant, the following Parcel ID Number is being assigned:

New Parcel ID No.: _____

Assigned By: _____

Date Completed: _____

24 HOUR ADVANCED NOTICE WILL BE REQUIRED FOR ALL NEW PARCEL ID NUMBER REQUESTS.