

**APPLICATION AND NOTICE OF VOLUNTARY MERGER
PURSUANT TO RSA 674:39-A**

***** Please Type or Use Black Ink*****

Date: _____

Property Owner(s) Name: _____

Address: _____

Identify the parcel affected by this merger:

Tax Map # _____ Lot # _____ Book # _____ Page # _____

Tax Map # _____ Lot # _____ Book # _____ Page # _____

Tax Map # _____ Lot # _____ Book # _____ Page # _____

I (we) understand that a copy of this document will be filed with the Coös County Registry of Deeds and a copy of the same will be forwarded to the assessing officials of the Lancaster Selectmen's Office, 25 Main Street, Lancaster, NH 03584. Please remit to the Town Office with a check made payable to "Registry of Deeds" for \$12.37.

I (we) further certify that merger of these lots does not create a violation of the current ordinances and regulations of the Town of Lancaster, New Hampshire.

Signature of Property Owner(s) _____

FOR PLANNING BOARD USE ONLY

Date Received: _____ Date Reviewed: _____

Endorsed by: _____

Chairman/Lancaster Planning Board

cc: File/Selectmen/Assessor