

Land Revision Worksheet

Becker County 915 Lake Avenue Detroit Lakes, MN 56501 www.co.becker.mn.us

Before recording your document, please follow steps in numerical order to obtain approvals/signatures to complete this worksheet. All requests **require** a legal description. Approved document(s) **must** be recorded on/before December 31st of the current year.

Parcel Number(s):		Original Property Owner:	
Submitter Contact I	nformation:		
Full Name:		Company:	
Email address:			
Mailing address:			
City:	State:	Zip code: Telephone number:	
Step 1: Becker Cou		ETED BY OFFICE STAFF ONLY 6-7314:	
Is survey needed: Yes C		Staff Name:	
Purpose: A) New Parcel Created: O Yes O No How many (including remnant): B) Combination Required: O Yes O No C) Other - Explain:		Approved O Date of Approval: Denied O Reason for Denial: Department Signature	
			date
Step 2: Becker Cou	nty Auditor-Treasuı	rer (218) 846-7311:	
All required Taxes Paid	d: O Yes O No	Approved O Date of approval:	
Good Lega	al: O Yes O No	Denied O Reason of denial:	
Combination Received	d: O Yes O No		
Split Other		Department Signature	date

Step 3: Becker County Recorder (218) 846-7304:
Submit this worksheet and appropriate Documents to the Recorder's Office