



**Government of the District of Columbia**

Office of Tax and Revenue  
Real Property Tax Administration  
Maps & Title Section  
1101 4th Street, S.W., Suite 5011  
Washington, D.C. 20024

**Division of Lots Request Application**

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**Please list all lots to be divided:**

Square: \_\_\_\_\_ Suffix: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Square: \_\_\_\_\_ Suffix: \_\_\_\_\_ Lot(s): \_\_\_\_\_

Square: \_\_\_\_\_ Suffix: \_\_\_\_\_ Lot(s): \_\_\_\_\_

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**Please list all recorded owners:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

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**Please review and sign:**

I/We, the recorded owner(s) or authorized agent for the owners of the above listed lots, request that they be divided in accordance with the attached plat. The plat shows the present lot numbers, dimensions, in contrasting colors, and the proposed new lot lines and dimensions. Dimensions have been clearly shown so that the Office of Tax and Revenue may compute the area of each new lot for assessment and taxation purposes. I/We understand ownership of all lots to be divided must be identical, and all real property taxes must be current. If this request is submitted between October 1 through March 31, taxes must be current through March 31 of that tax year. If this request is submitted between April 1 through September 30, taxes must be current through September 30 of that year.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Tax Bill Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number