



ANNEXATION REQUEST

NAME(S) OF APPLICANT(S) _____

ADDRESS _____ PHONE _____

NAME(S) OF OWNER(S) _____

ADDRESS _____ PHONE _____

PROPERTY ADDRESS _____

ASSESSOR'S PARCEL # _____ TOTAL ACREAGE _____

PRESENT LAND USES AND EXISTING STRUCTURES _____

REASON FOR REQUEST _____

PROPOSED NAME OF ADDITION _____

REQUIREMENTS OF APPLICATION	<u>Required</u>	<u>Received</u>
Copy of Property Deed	<input type="checkbox"/>	<input type="checkbox"/>
Signed Annexation Agreement	<input type="checkbox"/>	<input type="checkbox"/>
Signed Annexation Petition	<input type="checkbox"/>	<input type="checkbox"/>
Annexation Map (4 copies)	<input type="checkbox"/>	<input type="checkbox"/>
Annexation Request Fee (\$250) - Receipt # _____	<input type="checkbox"/>	<input type="checkbox"/>
Special Conditions _____	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature

Date

Applicant's Signature

Date