

ANNEXATION PETITION

PETITIONER INFORMAT	ION:		_			1
Last Name			First		M.I.	Date
Street Address					Apartment/Unit #	
City			State		ZIP	
Phone			E-mail Address		·	
# In Household and Ages:						
PROPERTY INFORMATION:						
Tax Map Information (if known)	Tax map:	Group:	Parcel:	Lot:		
Street Address					Apartment/Unit #	
Current Use:						
OTHER INFORMATION:						
DISCLAIMER AND SIGNATURE						
By signing below I state that I have read and understand the conditions of this annexation petition. I further state that I am/we are the sole and legal owner(s) of the property described herein.						
Signature:					Date:	
Signed before me on this a notary public for the State County of Notary My Commission Expires	e of					