



Notice of Intention to Annex

PF-04
FORM

Community Development Department

501 N. Anderson, Ellensburg, WA 98926 (509) 962-7239 (Building) (509) 962-7231 (Planning) permits@ci.ellensburg.wa.us

NOTICE OF INTENTION TO COMMENCE ANNEXATION TO THE CITY OF ELLENSBURG, WASHINGTON

TO: THE CITY COUNCIL OF THE CITY OF ELLENSBURG, WASHINGTON

The undersigned, representing the ownership of more than ten percent of the acreage of the real property for which annexation is sought, as more particularly described below, hereby gives notice to the City Council of the City of Ellensburg, Washington, of their intent to commence annexation proceedings.

The City Council of the City of Ellensburg is hereby requested to set a date not later than 60 days after the date this NOTICE OF INTENTION is filed with the Community Development Department for a meeting with the initiating party to determine whether the city will accept, reject, or geographically modify the proposed annexation, whether it will require the simultaneous adoption of a proposed zoning regulation, and whether it will require the assumption of all or any portion of existing city indebtedness by the area sought to be annexed.

Information regarding real property for which annexation is sought:

(Street address of property)

(City, State, Zip Code)

(Parcel Number)

(Acreage)

(Legal)

Respectfully submitted:

(Signature of Initiator of Annexation)

(Printed Name of Initiator of Annexation)

(Petitioner's Address)

(City, State, Zip Code)

(Phone number)

(Date Signed)

** List this same information for all signers representing the ownership of at least 10% of the most recent assessed valuation of the real property for which annexation is sought. Attach additional sheets, as necessary.

** Provide a location map identifying the area you are requesting to be annexed.

(Signature of Petitioner)

(Printed Name of Petitioner)

(Petitioner's Address)

(City, State, Zip Code)

(Phone number)

(Date Signed)

(Signature of Petitioner)

(Printed Name of Petitioner)

(Petitioner's Address)

(City, State, Zip Code)

(Phone number)

(Date Signed)

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