



State of Washington

Office of Financial Management, Forecasting Division, General Administration Building, PO Box 43113, Olympia, WA 98504-3113

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SEP 22 2017

OFM FORECASTING

ANNEXATION AND MUNICIPAL BOUNDARY CHANGE CERTIFICATE

For all Annexations and Boundary Line Adjustments – Including Street Right-of-Way Adjustments

IMPORTANT: The following documents must be attached with this certificate (RCW 35.13.260, 35A.14.700, 43.62.040):

1. **Three copies of the final ordinance** containing the legal description of the boundary change area;
2. **Three copies of a map clearly showing the boundary change area and existing city limits** on an 8½"x11" or 8½"x14" size paper. Outline the boundary changes in **red**; outline **former** city limits in **green**. Maps should conform to acceptable engineering standards (i.e., directional arrow, scale, street names, rivers, and other physical characteristics). The Office of Financial Management (OFM) may be able to help with maps;
3. **The original Field Enumeration** sheets used to enumerate the population and housing of the boundary change area and all summary tabulation sheets. Copies are not needed. Census procedures and definitions must follow OFM's Enumerator's Manual. Please contact OFM at (360) 902-0597 or (360) 902-0599 or see <http://www.ofm.wa.gov/pop/annex/default.asp> for census manuals and forms; and,
4. **If this is a mutual boundary change between governments**, include a copy of the other government's (city/town or county) agreement to the change. If this is a boundary change between municipal governments, **each** municipality needs to submit this certificate to OFM with supporting documentation.

City/Town College Place County Walla Walla
 Name of the Annexation (if any) Christensen McKiernan
 Original Ordinance Number 17-032 Amending Ordinance Number (if applicable) _____
 Date Passed 8-8-2017 Date Passed _____
 Date Published 9-17-2017 Date Published _____
 Ordinance Effective Date ~~10-7-2017~~ 11-17-2017 Ordinance Effective Date _____
 Boundary Change Effective Date _____ Boundary Change Effective Date _____
 Authorizing Statute(s) RCW RCW 35A.14.120
 Was a Boundary Review Board hearing required? Yes ☐ No ☒ If yes, date of hearing _____
 Has this annexation been filed with the county? Yes ☒ No ☒ Date filed with county 9-18-2017
 Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes ☒ No ☐
 Annexation Area (in acres) 199.14 Census: Housing Units 4
 Occupied Housing Units 4
 Population 13

CERTIFICATION: I hereby certify that, to effect the above annexation, all legal requirements have been satisfied, and that the data set forth in this certificate, including the attached documents, are true and correct.

Mayor

[Signature]

Date

9/14/17

[CITY SEAL]

Attest: City/Town Clerk

Lisa R. Neiss

Date

9/14/17

OFFICE OF FINANCIAL MANAGEMENT ONLY

The requirements of RCW 35.13.260 or 35A.14.700 and 43.62.040 have been met. I recognize this annexation as a part of the city for the purpose of developing official population estimates (RCW 43.62.020). This certification is for the limited purpose referenced above.

Date Received

9/22/2017

Date Approved

11/20/2017

OFM File Number

2017-55

State Certifying Official

[Signature]

Provisional Approval Yes ☐

Date Provisional Status Cleared _____

(White) Office of Financial Management
 (Canary) Department of Transportation
 (Pink) Return to City/Town

No Carbon Paper Needed
 Do not Separate Form
 Return all Three Copies