

## **State of Washington**

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

## 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;

(Canary)

(Pink)

Department of Transportation

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- 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 XXXXXX	Pullman	County _	Whitman	
Name of the Annexation (if any)	Woo Annexatio	on		
Original Ordinance Number	17-8	Amend	ing Ordinance Number (if applicable)	N/A
Date Passed	8/1/17	_	Date Passed	N/A
Date Published	8/5/17	_	Date Published	N/A
Ordinance Effective Date	8/10/17	_	Ordinance Effective Date	N/A
Boundary Change Effective Date	8/10/17	_	Boundary Change Effective Date	N/A
Authorizing Statute(s) RCW	35A.14.120	*		
Was a Boundary Review Board i	nearing required? Yes	□ No 🗓	If yes, date of hearing	N/A
Has this annexation been filed w	ith the county? Yes	Ŋ No □	Date filed with county	08/03/17
Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes 🕱 No 🗌				
Annexation Area (in acres)	3.2		Census: Housing Units	1
		X	Oecupied Housing Units	0
			/ Population	0
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  Date				
[CITY SEAL]	Attest: City/Town Clerk_	Lla	an Muddle Dat	e 9/18/17
	OFFICE OF FIN	ANCIAL MA	NAGEMENT ONLY	
The requirements of RCW 35.13.260 or 35A.14.700 and 43.62.040 h met. I recognize this annexation as a part of the city for the purpose developing official population estimates (RCW 43.62.020). This cer is for the limited purpose referenced above.			Date Approved 9 21 2017	
State Certifying Official			Provisional Approval Yes   Date Provisional Status Cleared	
(White) Office of Financial Management				No Carbon Paper Needed