

## **State of Washington**

OFM FORECASTING

Olympia, WA 98504-31134

No Carbon Paper Needed

Do not Separate Form

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

## 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;

(White)

(Pink)

(Canary)

Office of Financial Management

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.

Name of the Amexation (if any)    MWV   AMPUKATON	supporting documentation.
Original Ordinance Number    Date Passed	City/Town <u>Wenatchee</u> county <u>Chelan</u>
Date Passed  Date Published  Date Published  Date Published  Ordinance Effective Date  Boundary Change Effective Date  Boundary Change Effective Date  Boundary Change Effective Date  Authorizing Statute(s) RCW 35A 4.120  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  Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes No Census: Housing Units  Annexation Area (in acres)	Name of the Annexation (if any) MWLLY ANNLYCHON
Date Published  Ordinance Effective Date  8   1   7   Ordinance Effective Date  Boundary Change Effective Date  Boundary Change Effective Date  Authorizing Statute(s) RCW 35 A   4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Original Ordinance Number 2017   4 Amending Ordinance Number (if applicable)
Ordinance Effective Date    Boundary Change Effective Date   S   1   7	Date Passed
Boundary Change Effective Date  Authorizing Statute(s) RCW 35A   4.120  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   U/21/17  Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes   No    Annexation Area (in acres)   O. J 8   Census: Housing Units    Occupied Housing Units    Population    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 Published
Authorizing Statute(s) RCW 35A   4.\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ordinance Effective Date $8/3/17$ Ordinance Effective Date
Was a Boundary Review Board hearing required?  Has this annexation been filed with the county?  Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes No Date filed with county U/2   / 7  Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes No Census: Housing Units Occupied Housing Units Population    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 9/8//7  [CITY SEAL] Attest: City/Town Clerk Date 9/8//7  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.  State Certifying Official Provisional Approval Yes    Provisional Approval Yes	Boundary Change Effective Date $\frac{\delta/21/17!}{}$ Boundary Change Effective Date
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Mayor   Wayor   Date   9/8/17	Population
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Date Provisional Status Cleared	State Certifying Official Provisional Approval Yes
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