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Office of Financial Management, Forecasting Division, General Administration Building, PO Box 43124, Olympia, WA 98504-3124

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)

(Canary)

(Pink)

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.

11 0					
City/Town Selah		County _	Yakima		
Name of the Annexation (if any) Wholain Annexation					
Original Ordinance Number 2 02		Amend	ling Ordinance Number (if a	pplicable) _	
Date Passed 7 - 14 - 2020			Date Passed		
Date Published 7-17-2020			Date Published		
Ordinance Effective Date $7 - 21 - 2020$		<u> </u>	Ordinance Effective Date		
Boundary Change Effective Date 35 Å 14 . 120			Boundary Change Effective Date		
Authorizing Statute(s) RCW					
Was a Boundary Review Board h	earing required? Yes	□ No □	If yes, date of hea	ıring _	
Has this annexation been filed with the county? Yes		☑ No □	Date filed with co	ounty	1-24-2020
Has the city/town attorney reviewed the legal requirements associated with this annexation? Yes 🗹 No 🗌					
Annexation Area (in acres)	03		Census: Housing Unit	S	
			Occupied Ho	using Units	
1			Population		
by certify that, to effect the above annexation, all legal requirements have been satisfied, and that the data set this certificate, including the attached documents, are true and correct.					
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	Attest: City/Town Clerk		well forbath	Date	8-13-20
	OFFICE OF FIN	NANCIAL MA	NAGEMENT ONLY		
The region No. of RCW 35.13.260 or 35A.14.700 and 43.62.040 have been Date Received 3/24/26					
met. I recognize this annexation as a part of the city for the purpose of developing official population estimates (RCW 43.62.020). This certif			Date Approved	200	20-45
is for the limited purpose reference	red above.		OFM File Number	20	<u> </u>
State Certifying Official	al Milling	7	Provisional Approval	Yes 🗌	
_			Date Provisional Stat	us Cleared	