

OFM Annexation Certificate Summary

OFM/Forecasting (12/2008 Form)

City/Town

County

Name of Annexation (if any) _____

Original Ordinance Number _____ Amending Ordinance Number (if applicable) _____

Date Passed _____ Date Passed _____

Date Published _____ Date Published _____

Ordinance Effective Date _____ Ordinance Effective Date _____

Annexation Effective Date _____ Annexation Effective Date _____

(if changed)

Statute(s) Authorizing Annexation: RCW(s) _____

Was a Boundary Review Board Hearing required? Yes No If yes, date of hearing _____

Has this annexation been recorded/filed with the county? Yes No If yes, date of filing _____

Has the County Assessor approved this annexation for the purpose of changing tax boundaries? Yes No

Annexation Area (in acres) _____ Census: Housing Units _____

Occupied Housing Units _____

Population _____

Received by OFM Date _____

Approved by OFM Date _____

OFM File Number _____

Provisional Approval Yes Provisional Status Cleared Date _____

Initial Web Posting Date _____

Revision 1 Posting Date _____

Revision 2 Posting Date _____

NOTE: Data entered in fields subject to change prior to OFM approval.