

Project Name (if any):	Date:
Property Address or General Location/Intersection:	
Parcel Number(s):	Gross Acreage:
Property Owner Name(s):	Property Owner Phone Number(s):
Property Owner Address(es):	
Applicant (Designated Contact):	Applicant Phone Number:
Applicant email address:	
I d	
	ne owner of the property described herein, authorize
the applicant designated above to file this annexation matters relating to this annexation on my behalf. <i>Fo</i>	
below and include similar authorization language (a	
owners.	
Property Owner Signature	

The following documents must be submitted together with this application:

- (1) A letter requesting annexation that is signed by all property owners. If more than one property owner, the letter should include authorization language above. The letter must also reference the parcel number, map and legal description of the subject property.
- (2) A complete metes and bounds legal description.
- (3) A complete and accurate map outlining the properties requesting annexation.

For Town Use	
Town Type: ANX	Strategic Initiatives Manager:
Notes:	· · · · ·

Town Manager's Office Town of Oro Valley