## **FOR OFFICE USE ONLY**

Annexation #	
Date Received	



## CITY OF PRINEVILLE CONSENT TO ANNEXATION

The below listed owners and their successors and assigns and 50% of the electors residing on the property, further consent to annexation of the following described real property in the City of Prineville and will sign any relevant annexation documents that the City of Prineville desires, including but not limited to a "petition" for annexation, "and/or Covenant of Waiver of Rights and Remedies" so that the following described real property located in Crook County, Oregon, and within the Urban Growth Boundary of the City of Prineville, can be annexed into the City of Prineville:

## PROPERTY DESCRIPTION

Property address:			
City	State	Zip Code	
Map # - Township	Range	Section	Tax Lot
Present Zoning			
Present Land Use			
Is the property (ies) le	ocated within the C	City's Urban Growth	Boundary?
SIGNATURE(S) THAT	THE INFORMATIONS IS TRUE AN	ON CONTAINED IN T ND CORRECT AND T	TORS, AFFIRM BY MY/OUR HE FOREGOING DOCUMENT AN HAT I/WE CONSENT TO
	***	******	*
Property Owner:	Signature		Date:
	Printed Name		_
Property Owner:	Signature		Date:
	Printed Name		

Consent to Annexation Page 1 of 3

Property Owner:		Date:	
	Signature		
Duran autra Orana au	Printed Name		
Property Owner:	Signature	Date:	
	Printed Name		
Resident Elector:		Date:	
	Signature		
	Printed Name		
Resident Elector:		Date:	
	Signature		
	Printed Name		
Resident Elector:		Date:	
	Signature		
	Printed Name		
Resident Elector:		Date:	
	Signature		
	Printed Name		
(Notorize Property Own	ner Signature Only)		
STATE OF OREGON	N )		
	) ss.		
Personally appeared t	he above named	and	
		nt to be their voluntary act and deed, before me this, 20	
Notary Public of Oregon			
		My Commission Expires:	

Consent to Annexation Page 2 of 3

## **CONFIDENTIAL**City of Prineville, Oregon

Property Situs Address:		
Map & Tax Lot Number:		
HOUSING TYPE	TENURE	
Single Unit Structure	Owner Occupied	
Multiple Unit Structure	Renter Occupied	
Trailer or Mobile Home	Vacant	
	Seasonal	
RESIDENTS		
Last Name	First Name	Sex Age
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10		
10.		
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Portland State University College of Urban and Public Affairs Center for Population Research and Census (503)725-3922

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