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OFM FORECASTING

State of Washington

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

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;
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.

City/Town Aberdeen *County* Grays Harbor

Name of the Annexation (if any) _____

Original Ordinance Number 6573 *Amending Ordinance Number (if applicable)* _____

Date Passed 4-22-2015 *Date Passed* _____

Date Published 4-30-2015 *Date Published* _____

Ordinance Effective Date 4-30-2015 *Ordinance Effective Date* _____

Boundary Change Effective Date 4-30-2015 *Boundary Change Effective Date* _____

Authorizing Statute(s) RCW 35.13.180

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* 5-7-2015

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

Annexation Area (in acres) 117.16 *Census: Housing Units* Ø

Occupied Housing Units Ø

Population Ø

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 Bill Simpson *Date* 6-17-2015

[CITY SEAL] *Attest: City/Town Clerk* Kathryn Schaber Skolrood *Date* 6-17-2015

OFFICE OF FINANCIAL MANAGEMENT ONLY

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.

Date Received 6/16/2015 4/27/2015

Date Approved 6/18/2015

OFM File Number 2015-030

State Certifying Official [signature]

Provisional Approval Yes ☐

Date Provisional Status Cleared _____

(White) Office of Financial Management
(Canary) Department of Transportation
(Pink) Return to City/Town

No Carbon Paper Needed
Do not Separate Form
Return all Three Copies