## **OFM Annexation Certificate Summary**

City/Town					C	ounty			
Name of Anne	exation (if any	y)							
Original Ordinance Number				mending lumber (if					
Date Passed				Date Pas					
Date Published				Date Put					
Ordinance Effective Date				Ordinanc					
Annexation Effective Date				Annexati					
								(if changed)	
Statute(s) Autl	horizing Ann	exation:	RCW(s)						
Was a Bounda Board Hearing			Yes 🗌	No 🗌	If yes	, date of h	nearing		
Has this annex recorded/filed		nty?	Yes 🗌	No 🗌	If yes	, date of f	iling		
Has the Count	ty Assessor a	approve	d this ann	exation fo	or the purpo	ose of cha	nging tax boundaries?	Yes 🗌 No	
Annexation Ar	rea (in acres)	)			C	ensus:	Housing Units Occupied Housing Uni Population	ts	
Received by C	OFM Date								
Approved by C	OFM Date								
OFM File Num	ıber								
Provisional Approval Yes Provisional Status Cleared Date									
Initial Web Pos	sting Date				_				
Revision 1 Po	sting Date				-				
Revision 2 Po	sting Date				_				