

# 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.