



State of Washington ANNEXATION CERTIFICATE

Office of Financial Management, Forecasting Division, 450 Insurance Building, PO Box 43113, Olympia, WA 98504-3113

IMPORTANT: The following documents must be attached with this certificate (RCW 35.13.260 and 35A.14.700):

1. **Three copies of the final ordinance** containing the legal description of the annexed area;
2. **Three copies of a map clearly showing annexed area and existing city limits** on an 8½"x11" or an 8½"x14" size paper. Outline the annexation boundaries in **red**; outline *former* city limits in **green**. Maps should conform to acceptable engineering standards, including directional arrow, scale, street designations, rivers, and other relevant physical characteristics; and,
3. **The original, handwritten Special Population Census Sheets** used to enumerate the population and housing of the annexed area and all census summary sheets. Census procedures and definitions must follow the Office of Financial Management's (OFM) Enumerator's Manual. Duplicate copies of the census are not needed. Please contact OFM for census manuals and forms at (360) 902-0597 or (360) 902-0599 or www.ofm.wa.gov.

City/Town Renton County King

Name of the Annexation (if any) Bill

Original Ordinance Number 5949 Amending Ordinance Number (if applicable) _____

Date Passed 11.18.19 Date Passed _____

Date Published 11.22.19 Date Published _____

Ordinance Effective Date 12.22.19 Ordinance Effective Date _____

Annexation Effective Date 12.22.19 Annexation Effective Date _____

Statute(s) Authorizing Annexation: RCW 35a.14.120-150

Was a boundary or Annexation Review Hearing Required? Yes No If yes, date of hearing _____

Annexation Area (in acres) 8.5 Population and Housing Census:

Housing Units 4

Occupied Housing Units 4

Population 14



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) [Signature] Date 01.29.20

Attest: (City/Town Clerk) [Signature] Date 1-29-2020

State Certifying Official	<u>[Signature]</u>	Date Received	<u>2/7/20</u>
		Date Approved	<u>2/12/20</u>
		OFM File Number	<u>2020-11</u>

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

Carbon Needed - 3 Copies
Original Signature Each Copy