

PO Box 2171 Terrebonne, Oregon 97760 https://tsdor.specialdistrict.org/ terrebonnesanitary@gmail.com (425) 224-2458

Annexation Application Form

Instructions:

- 1. Complete all sections of this form. Incomplete applications may result in delays in processing.
- 2. Use the attached District map to outline the proposed property for annexation.
- 3. Sign and date the form.
- 4. Submit the completed form to the District PO Box or email address.

Property Owner Information:		
Mailing Address:		
Email:		
Proposed Property for Annexa		
Tax lot(s):		
	ı (see DIAL):	
Annexation Information: By submitting this annexation Property within the Ter Annexation will result in the served by the Distrition of the District properties within a specific sp	ecified time frame.	bwledges and agrees to the following: boundary is eligible for annexation. ct service area boundary and setup to
main extensions.	be subject to District rules, regulations	s, SDC fees, and monthly sewer charges
	wner, hereby petition for the annexation have read and understand the Annexa	
Owner Signature:	Printed Name:	Date:
	Printed Name:	

District Use Only:

- Date Received:
- Application Status:
- Board Approval Date (if applicable):

