

# Annexation Application Form



PO Box 2171, Terrebonne OR 97760  
terrebonnesanitary@gmail.com

## 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 Terrebonne Sanitary District email address or PO Box before 4/30/2024 for consideration with District Board Annexation Resolution.

## Property Owner Information:

Owner Name(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Proposed Property for Annexation:

Situs Address(es): \_\_\_\_\_  
Taxlot(s): \_\_\_\_\_  
Assessor Property Description (see DIAL): \_\_\_\_\_

Clearly outline your property proposed for annexation on the District Map (backside of form).

## Annexation Information:

By submitting this annexation application, the property owner acknowledges and agrees to the following:

- Annexation into the District is voluntary and subject to approval by the Board.
- Property within the Terrebonne unincorporated community boundary is eligible for annexation.
- The Terrebonne Sanitary District intends to eventually provide sewer service to all properties approved for annexation, but it makes no guarantee to extend sewer mains to the annexed property within a specific time frame. Annexation of additional areas will influence future system expansion.
- Annexation will make sewer service legally available to the annexed property. If a sewer main also becomes physically available along the annexed property frontage, DEQ may deny applications for onsite system installation, alteration, or repair permits.
- Annexed property will be subject to Terrebonne Sanitary District rules, regulations, and fees upon connection to the sewer system.

## Property Owner Signatures:

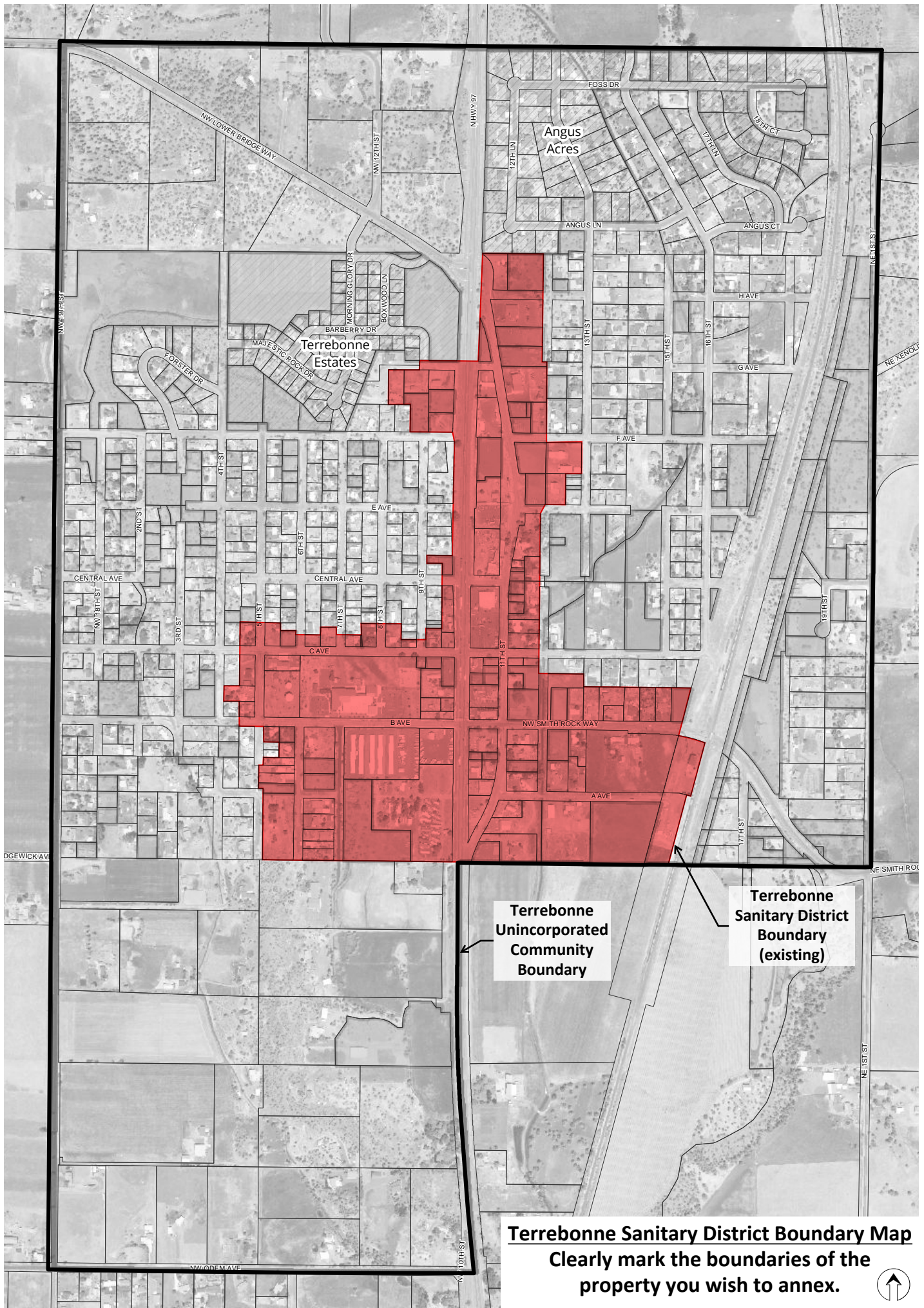
*I, the undersigned property owner, hereby petition for the annexation of the described property into the Terrebonne Sanitary District. I have read and understand the Annexation Information provided above.*

Owner Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## District Use Only:

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



Terrebonne  
Unincorporated  
Community  
Boundary

Terrebonne  
Sanitary District  
Boundary  
(existing)

**Terrebonne Sanitary District Boundary Map**  
Clearly mark the boundaries of the  
property you wish to annex.

