



**CITY OF WENATCHEE**  
**DEPARTMENT OF COMMUNITY DEVELOPMENT**  
 PLANNING DIVISION  
 1350 McKITTRICK STREET  
 PO BOX 519, WENATCHEE, WA 98807-0519  
 Phone: (509) 888-3256 Fax: (509) 888-3201

**PETITION TO ANNEX REVIEW APPLICATION -- \$250 FEE**

PAID: \$ _____	PAYMENT #: _____	RECEIPT #: _____
DATE STAMP: _____	FILE #: ANNEX - _____ - _____ <i>Year Numerical Order</i>	

Applicant Name (*First/Last*): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Phone: ( ) \_\_\_\_\_ Applicant Email: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

PROPOSED ANNEXATION AREA:

Address: \_\_\_\_\_

Parcel Number(s): \_\_\_\_\_

Additional Identifying Information: \_\_\_\_\_

TEN PERCENT CERTIFICATION

The undersigned, constituting not less than 10% in value according to he assessed valuation for general taxation of property described in the attached exhibit, incorporated herein by reference, hereby notify the Wenatchee City Council of the undersigned's intention to commence annexation proceedings. The undersigned requests that the City Council of the City of Wenatchee set a date for a meeting with the undersigned party(ies) to determine whether the City of Wenatchee will accept the proposed annexation and whether it will require the assumption of existing indebtedness by the area to be annexed and/or the adoption of a proposed zoning regulation.

**WARNING:** *Every person who signs this petition with any other than their true name, or who knowingly signs more than one of these petitions, or signs a petition when they are otherwise not qualified to sign, or who makes herein any false statement, shall be guilty of a misdemeanor.*

	<u>Name</u>	<u>Address</u>	<u>Signature</u>	<u>Date</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____