

Annexation Application Form



PO Box 2171, Terrebonne OR 97760
(District Email Address)

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 MM/DD/YYYY 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): _____

Use the District map to outline the proposed property for annexation. Clearly mark the boundaries of the area you wish to annex.

Annexation Information:

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

- Only property within the Terrebonne unincorporated community boundary is eligible for annexation.
- Annexation into the District is voluntary and subject to approval by the Board.
- The Terrebonne Sanitary District reserves the right to deny any annexation application that does not comply with applicable regulations and requirements.
- 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 guide future sewer 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.

Property Owner Signatures:

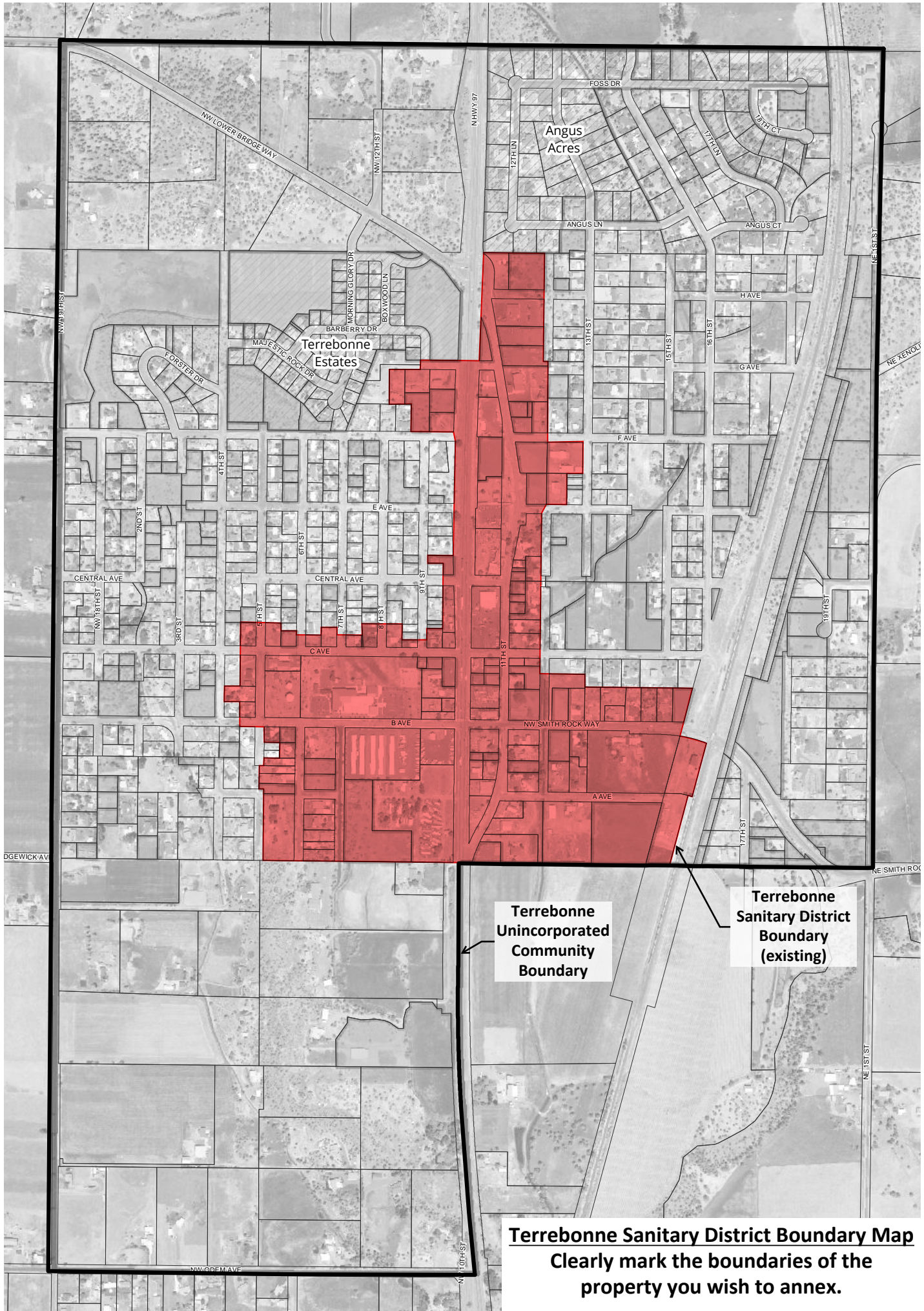
I, the undersigned property owner, hereby petition for the annexation of the described property into the Terrebonne Sanitary District. I have read and understand the Annexation Information provided above.

Owner Signature: _____ Printed Name: _____ Date: _____

Owner Signature: _____ Printed Name: _____ Date: _____

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.