GIS-Map Annexation Checklist Date: ____

Type: Regular_	Exp#1	Exp#2	Exp#3	Municipal	
There Must be a place of Township DateResolution #	\\ Ci	ty\Village	Date_	County Date__ _ Resolution #	
Adequate Descri					
Acreages: Regular, no Expedited,	t unreasonab not over 500	oly large (acres (OK Too la OK Too la	arge arge	
Is an Island creat					
Does territory have Perimeter is Perin		' common	boundary is		
				's Included? Yes No_ ames Included? Yes No	_
Description_ Petition	Re: Pla Pro	solution t oof Of Notice	e (except ment or CED		
Road Name Chang If yes, Old I New House Numbers ne	Name: Name:)		
Note: BEFORE the	Recording can	be processed	l, we are reque	esting Copy's of the Letter d of the Address Change. (Assigned By either City or GIS Dept) Once Council Approval Run Through for Address	s Change
Parcel #'s: Old Address:				New Address:	-
City / Township /	Approval of A	ddress Char	nge:	Date:	
Approved By: Map Office: Date:	Auditor's O Date:	ffice:			
	CORDED DATE			OK PAGE	
Old Parcel	#'s:				
New Parce	el #'s:				
Additional Notes/Con				FORM/J 00/2012	