



Town of Smyrna

ANNEXATION REQUEST

1. PROPERTY DESCRIPTION:

| | | | | |
|---|--------|-----------------------------------|------|----------|
| Location: <i>(Describe in relation to nearest intersection)</i> | | | | |
| Tax Map: | Group: | Parcel: | Lot: | Acreage: |
| Existing Zoning: | | Proposed zoning into city limits: | | |
| Address: <i>(If applicable)</i> | | | | |
| Current Property Owner: | | | | |

2. APPLICANT INFORMATION:

| |
|--------------------|
| Name of Applicant: |
| Address: |
| Phone Number: |
| Email Address: |

Signature

Date

.....
For Official Use Only

Date Received: _____ Review Fee: _____ Initials: _____