



The Town of Smyrna

Annexation Request

Application
Form

Applicant Information			
Name:		Phone:	
Mailing Address:			
City:		State:	Zip:
Property Information:			
Property Owner's Name:			
Address:			
City:		State:	Zip:
Tax Map:	Group:	Parcel:	Acres:
Current Zoning:		Proposed Zoning:	
Proposed Use:			
Legal Description of property:			
Required Signature:			
I herby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. I also certify that I am the owner of the above property or have attached the owner's written consent to file this application.			
Applicant's Signature:		Date:	
For Office Use Only			
Date Received:	Review Fee:		Initials: