



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: _____