

PO Box 395, 715 W. Mt. Vernon, Nixa, MO 65714 (Phone) 417-725-5850 (Fax) 417-724-5750

ANNEXATION PETITION

I/We, the undersigned

Owner(s) Name(s) typed or printed

hereinafter referred to as the Petitioner, petitions the City Council of the City of Nixa, Missouri, to annex the following described unincorporated area which is contiguous and compact to the existing corporate limits of the City of Nixa, Missouri:

Petitioner states that he/she is the owner in fee of all interests in the said tract of real property and requests that the City Council hold a public hearing not fewer than fourteen (14) or more than one-hundred twenty (120) days after receipt of this Petition and that said hearing be held not fewer than seven (7) days after notice of the hearing is published in a newspaper of general circulation, qualified to publish legal matters. Further, should the City Council determine that the annexation reasonable and necessary to the property development of Nixa, Missouri has the ability to furnish normal municipal services to the area to be annexed within a reasonable time, Petitioner requests that said City Council thereafter annex the territory by ordinance without further action.



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Should written objection to the proposed annexation be filed with the City Council not later than fourteen (14) days after said public hearing, this Petitioner than requests the City Council thereafter to petition the Circuit Court of Christian County, Missouri, for a declaratory judgment as to the reasonableness of such annexation.

Owner Signature

Owner Signature

STATE OF MISSOURI COUNTY OF CHRISTIAN

On this ______ day of ______, ___, before me personally appeared _______ to me known to be the person described in and who executed the foregoing instrument and acknowledges that he executed the same as his free act and deed and that the facts stated therein are true to the best of his knowledge and belief.

In testimony whereof, I have hereunto set my hand and affixed my official seal the date and year first above written.

Notary Public

My Commission Expires: _____

Applicant Name	Phone:	
	-	

Applicant Mailing Address: