



Community Development
City Hall – Winter Haven
451 Third Street, NW
Post Office Box 2277
Winter Haven, FL 33883-2277

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Space for Recording

Petition/Consent for Annexation

Applicant

The following information is required for submission of an application to annex into the city limits of Winter Haven. **Please print or type the required information below.**

Name of Property Owner: _____

Mailing Address: _____

Phone: _____

Name of Representative, if applicable: _____

Mailing Address: _____ Phone: _____

Reason for Request: _____

Property Address or General Location: _____

Present Use of the Property: _____

Existing Structures Located on the Site: _____

Number of Residents on Site: _____

Name of Registered Voters Residing on Property: _____

FOR OFFICE USE ONLY

Total Acreage: _____

Assessed Property Value: \$ _____ Taxable Value: \$ _____

Subdivision: _____

Legal Description of the Property: _____

Proof of Property Ownership (copy attached): _____

Parcel I.D.#: _____

OWNER'S / AGENT'S SIGNATURE PAGE

I / We, _____ being duly sworn, depose and say that I / we own the properties involved in this petition/consent and that I / we authorize the City of Winter Haven, in accordance with adopted City policy, rules and regulations (Resolution No. R-87-07), and in conformance with State law, to process this petition/consent and annex said property into the corporate limits of the City of Winter Haven. This Petition and Consent shall be irrevocable. No further consent of Owner shall be required for the City to annex said property immediately, or at some time in the future.

Further I / we or any agent or lessee of the subject property authorized by me / us (see attached proof of authorization) to file this petition/consent, deposes and say that the statements and answers contained in the petition/consent for annexation, and any information attached thereto, present the arguments in behalf of this petition/consent to the best of my / our ability; and that the statements and information referred to above are in all respects true and correct to the best of my / our knowledge and belief.

OWNER(S)/AGENT(S)

Signature of Owner/Agent

Signature of Owner/Agent

Printed Name of Owner/Agent

Printed Name of Owner/Agent

Signature of Owner/Agent

Signature of Owner/Agent

Printed Name of Owner/Agent

Printed Name of Owner/Agent

STATE OF FLORIDA
COUNTY OF POLK

OWNER'S/AGENT'S NOTARIZATION

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

Notary Public
Notarial Seal and Commission
Expiration Date