



Application Received: _____
 Fee Received: _____
 Staff Initials: _____

ANNEXATION APPLICATION

SUBMIT APPLICATION AND SUBMISSION REQUIREMENTS TO:

Planning & Zoning Division, 500 Center Avenue, Fourth Floor, PO Box 779, Moorhead, MN 56561-0779

_____ Application fee of **\$500 is payable to the City of Moorhead**

_____ Proof of Title to the property or written authorization from owner(s) if applicant is not the owner

APPLICANT INFORMATION

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY OWNER INFORMATION (if different from above)

Name(s): _____

Mailing Address: _____

Telephone: _____ Fax: _____

E-mail Address: _____

PROPERTY INFORMATION

Describe location/address of property to be annexed: _____

Acreage of property: _____

Parcel Number(s): _____

Legal Description (attach if lengthy): _____

Applicant Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Property Owner Signature(s) _____ Print Name _____ Date _____

Questions? Contact City of Moorhead Planning & Zoning at 218.299.5370