



300 E Maple St  
Columbus, KS 66725  
Phone: (620) 429-2159  
Fax: (620) 429-1159

# PROPERTY ANNEXATION APPLICATION

Address: \_\_\_\_\_

**Attach a copy of your deed, as recorded by the Cherokee County Register of Deeds office, to this application. The legal description on this application must match the legal description recorded on the deed.**

**Names of all property owners listed on the deed must be listed on the application. A \$100, nonrefundable filing fee is due with this application.**

## Applicant Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal  
Description  
of Property:

**Applicant/Representative:** I hereby certify the foregoing statements and answers herein made all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that the submittal of incorrect or false information is grounds for invalidation of application completeness, determination or approval. I understand that the City of Columbus might not approve what I am applying for or may set conditions upon approval.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_