

COMMUNITY DEVELOPMENT DEPARTMENT

555 Liberty St. SE / Room 305 • Salem, OR 97301-3503 • (503) 588-6173 • (503) TTY 588-6353 • (503) Fax 588-6005

ANNEXATION PETITION AND CONSENT AND WAIVER OF BALLOT MEASURE 49 CLAIMS

Petitioner(s): The owners listed below are the legal owner(s) or contract purchaser(s) of the following described real property (the Territory) located outside of, but contiguous to, the corporate boundaries of the City of Salem:

Address	Map and Tax Lot Number	Acreage

Petitioner(s) request(s) that the Territory be annexed to the City of Salem, and by my/our signature(s) hereon, (does)(do) hereby consent to such annexation.

Petitioner(s) knowingly and willingly waive(s) any and all claims that I/we might assert against the City of Salem arising out of, or resulting from, or are in anyway connected to, those certain statewide initiative commonly known as Ballot Measure 49 or any successors thereto, and that might accrue as a result of the annexation of the territory into the City of Salem, or the imposition of City of Salem land use regulations pursuant thereto, whether the claims be past, present or future. Petitioner(s) hereby consent(s) to the imposition of such land use regulations that are in existence at the time of annexation, and to which the territory becomes subject as a result of the annexation into the corporate limits of the City of Salem.

Each owner is required to	sign and submit their o	wn petition and waiver.	This petition is being	submitted by:

Owner:			
Owner's Address: _			
There are	or are not	additional owners	

Please notarize on the second page.

Each owner must sign as a petitioner and each signature must be notarized.

Attach additional sheets as necessary.



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	, Petitioner, upon oath or affirmation, say that I signed freely, f any nature and under no misrepresentation as to the facts, and I further y and am requesting annexation of said territory.
	Petitioner (Petitioner Signature)
STATE OF OREGON)) ss. COUNTY OF)	
Signed and sworn to/affirmed before i	me on, 20 by(Name or Names of Persons Signing)
	NOTARY PUBLIC FOR OREGON (Notary Signature) My Commission expires:

(NOTARY SEAL)