

CITY OF DE SOTO
INFORMATION SHEET FOR ANNEXATION REQUEST

PLEASE PROVIDE A DETAILED SKETCH OF THE PROPERTY
WITH THE PETITION

Date _____

Location _____

Parcel No. (Please provide copy of RE Tax Receipt) _____

Owner's Name _____

Address _____

Phone Number _____

Zone Requested _____

Reason for Annexation Request (please include any future plans for the property)

Signature of applicant(s)

PUBLICATION FEE IS THE RESPONSIBILITY OF THE APPLICANT AND MUST BE PAID PRIOR TO THE PLANNING AND ZONING MEETING.