



City Of Billings P.O. Box 207 Billings, MO 65610
Ph. 417-744-2581 202 NE US Hwy 60 Fax 417-744-4560

ANNEXATION PETITION

Come now _____
Owner(s) Name(s) typed or printed

and petitions the Board of Aldermen of the City of Billings, Missouri, to annex the following described unincorporated area which is contiguous to the existing corporate limits of the City of Billings Missouri:

Your Petitioner states that he is the owner in fee title interest in the said tract of real property and requests that the Board of Aldermen hold a public hearing not fewer than fourteen (14) or more than sixty (60) days after receipt of this Petition and that said hearing be held not fewer than seven (7) days after notice of the hearing is published in a newspaper of general circulation, qualified to publish legal matters. Further, should the Board of Alderman determine that the annexation reasonable and necessary to the property development of Billings, Missouri has the ability to furnish normal municipal services to the area to be annexed within a reasonable time. Petitioner requests that said Board of Aldermen thereafter annexes the territory by ordinance without further action.

Should written objection to the proposed annexation be filed with the Board of Aldermen not later than fourteen (14) days after said public hearing, this Petitioner than requests the Board of Aldermen hereafter to petition the Circuit Court of Christian County, Missouri, for a declaratory judgment as to the reasonableness of such annexation.

Owner Signature

Owner Signatur

STATE OF MISSOURI
COUNTY OF CHRISTIAN

On this _____ day of _____, _____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledges that he executed the same as his free act and deed and that the facts stated therein are true to the best of his knowledge and belief.

In testimony whereof, I have hereunto set my hand and affixed my official seal the date and year first above written.

Notary Public

My Commission Expires: _____

Applicant Name: _____ Phone: _____

Applicant Mailing Address: _____
