

**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)**

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**Signature of applicant(s)**

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