

# City of Fairview

7100 CITY CENTER CIRCLE  
P.O. BOX 69  
FAIRVIEW, TN. 37062



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## ANNEXATION REQUEST FORM

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PROPERTY ADDRESS: \_\_\_\_\_  
STREET

MAP #: \_\_\_\_\_ GROUP #: \_\_\_\_\_ PARCEL #: \_\_\_\_\_

AUTHORIZED AGENT NAME: \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_

- DOES THIS PROPERTY ABUT CITY PROPERTY YES NO
- IS CITY WATER AND SEWER AVAILABLE YES NO

IF NO, GIVE BRIEF EXPLANATION: \_\_\_\_\_

I AM CURRENTLY THE OWNER OF THE CAPTIONED PROPERTY AND WISH TO APPLY FOR ANNEXATION INTO THE CITY OF FAIRVIEW. THE INTENDED USE OF THE PROPERTY IS FOR. \_\_\_\_\_

OWNER SIGNATURE: \_\_\_\_\_

(PLEASE ATTACH LEGAL DESCRIPTION AND COPY OF DEED)

THERE WILL BE A FEE OF \$100.00 REQUIRED.

DATE FEE PAID: \_\_\_\_\_