



ANNEXATION REQUEST

TELEPHONE 706-375-3177

Date: _____

To the Mayor and Council of Chickamauga, Georgia:

The undersigned, owner(s) of the real property located at _____
 _____, Chickamauga, and identified as
 Assessor's Map No. _____, Walker County Tax Parcel No. _____,
 respectfully request that the Mayor and Council annex this property to the City of
 Chickamauga, Georgia, and extend the city boundaries to include the same. The
 territory to be annexed is unincorporated and contiguous (as described in O.C.G.A.
 § 36-36-20) to the existing corporate limits of Chickamauga, Georgia.

NAME:(print) _____

SIGNATURE _____

Address: _____

Phone: _____

NAME:(print) _____

SIGNATURE _____

Address: _____

Phone: _____

Attach:
Plat of property to be annexed
Copy of deed (s)