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State of Washington

Office of Financial Management, Forecasting Division, General Administration Building, PO Box 43113, Olympia, WA 98504-3113

ANNEXATION AND MUNICIPAL BOUNDARY CHANGE CERTIFICATE

For all Annexations and Boundary Line Adjustments – Including Street Right-of-Way Adjustments

IMPORTANT: The following documents must be attached with this certificate (RCW 35.13.260, 35A.14.700, 43.62.040):

1. **Three copies of the final ordinance** containing the legal description of the boundary change area;
2. **Three copies of a map clearly showing the boundary change area and existing city limits** on an 8½"x11" or 8½"x14" size paper. Outline the boundary changes in **red**; outline *former* city limits in **green**. Maps should conform to acceptable engineering standards (i.e., directional arrow, scale, street names, rivers, and other physical characteristics). The Office of Financial Management (OFM) may be able to help with maps;
3. **The original Field Enumeration** sheets used to enumerate the population and housing of the boundary change area and all summary tabulation sheets. Copies are not needed. Census procedures and definitions must follow OFM's Enumerator's Manual. Please contact OFM at (360) 902-0597 or (360) 902-0599 or see <http://www.ofm.wa.gov/pop/annex/default.asp> for census manuals and forms; and,
4. **If this is a mutual boundary change between governments**, include a copy of the other government's (city/town or county) agreement to the change. If this is a boundary change between municipal governments, **each** municipality needs to submit this certificate to OFM with supporting documentation.

City/Town Colville County Stevens

Name of the Annexation (if any) Ordinance No. 1572 N.S. City Wells

Original Ordinance Number 1572 N.S. Amending Ordinance Number (if applicable) _____

Date Passed 08/30/2016 Date Passed _____

Date Published 09/07/2016 Date Published _____

Ordinance Effective Date 09/12/2016 Ordinance Effective Date _____

Boundary Change Effective Date 09/12/2016 Boundary Change Effective Date _____

Authorizing Statute(s) RCW 35A.14.300

Was a Boundary Review Board hearing required? Yes No If yes, date of hearing _____

Has this annexation been filed with the county? Yes No Date filed with county 09/15/2016

Has the County Assessor approved this annexation for the purpose of changing tax boundaries? Yes No

Annexation Area (in acres) 21.30 Census: Housing Units 0

Occupied Housing Units 0

Population 0

CERTIFICATION: I hereby certify that, to effect the above annexation, all legal requirements have been satisfied, and that the data set forth in this certificate, including the attached documents, are true and correct.

Mayor Joseph T. Gault Date 9/19/2016

[CITY SEAL] Attest: City/Town Clerk Haley Sammel Date 9/19/2016

OFFICE OF FINANCIAL MANAGEMENT ONLY

The requirements of RCW 35.13.260 or 35A.14.700 and 43.62.040 have been met. I recognize this annexation as a part of the city for the purpose of developing official population estimates (RCW 43.62.020). This certification is for the limited purpose referenced above.

Date Received 9/27/2016
Date Approved 10/5/2016
OFM File Number 2016-059

State Certifying Official [Signature] Provisional Approval Yes
Date Provisional Status Cleared _____