

Town of Dandridge Annexation Application

Applicant Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

email _____

Owner Name _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

email _____

Property _____

Address _____

Tax Map _____

Group _____

Parcel Number _____

Currently Zoned _____

Requested Zoning _____

Reason requesting Annexation

Applicant Signature _____

Date _____

Owner Signature _____

Date _____