



OFFICE OF THE CITY CLERK
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APPLICATION for ANNEXATION CONSIDERATION
Attach a full and accurate legal description

Date: Applicant Name:

Address:

Phone: Email:

Parcel Number of Property to be annexed:

Location/Address of Property to be annexed:

Acreage:

Current Property Usage and Description of Structures/Improvements:

Reason for Annexation Request:

Municipal Services Requested:

Applicant Signature:
Printed Full Name:
Title (if applicable):

Date:

Important to Note: Before an entity undertakes an annexation, consolidation, or detachment proceeding the entity shall coordinate with the Arkansas Geographic Information Systems Office for preparation of legal descriptions and digital mapping for the relevant annexation, consolidation, and detachment areas. (A.C.A §14-40-101)