REQUEST FOR CONSIDERATION / INCLUSION AND ACCEPTANCE INTO THE BEAVER DAM / LITTLEFIELD FIRE DISTRICT BOUNDRIES

41.45		
Name(s) of Prop	perty Owner(s)/Homeowr	ner(s)
Property Address	ss, (City, County, State)	
Mailing Address (If different than above)		
Home:	Cell:	Any other numbers you may be reached
Phone Number(s	s)	
Email address(s)		
The following in	formation can be found o	on your tax statement(s) and match exactly:
List the parcel nu	ımber as stated on your t	tax bill (One sheet for each parcel please)
List the legal Des	cription as noted on your	r tax bill
I/we do request t	that the Beaver Dam/Litt	lefield Fire District Governing Board of Directors consider
		eaver Dam/Littlefield Fire District.
I/we do hereby to conforms with A.		dge that the above information is true and correct and
Signature(s)		
Dated the	of	
Day	Month Year	