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

Name(s) of Property C	Jwner(s)/Homeown	er(s)			
			Mohave_		
Property Address		City	County	State	Zip Code
Mailing Address (if dif	ferent than above)				
Home:	Cell:	Any other co	ntact numbers:		
Phone Number(s)					
E-Mail Address(s)					
The following informa	ation can be found c	on the Mohave Count	y Assessor web	site or t	he title deed:
List the parcel numbe	r (One sheet for eacl	h parcel please)			
List the legal location	description as noted	on the Mohave Cour	ity Assessor we	ebsite or	the title deed.
I / we do request that	the Beaver Dam/Lit	tlefield Fire District Go	overning Board	of Direct	tors consider the
above parcel(s) be an	nexed into the Beave	er Dam/Littlefield Fire	District.		
I / we do hereby to th confirms with A.R.S. §		edge that the above in	formation is tru	ue and co	orrect and
Signature(s) of ALL LE	GAL OWNERS				
Dated the of					
Day	Month Year				