



## PETITION FOR CONTRACTION

**Applicant Name:** (attach letter from property owner, if Applicant is acting as agent)

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**Applicant Contact Information:**

**Mailing address:** \_\_\_\_\_

**Phone/E-Mail:** \_\_\_\_\_

**Address/Location/Parcel No. of Property for Contraction:**

**Property Address:** \_\_\_\_\_

**Bay County Property Appraiser Parcel ID No:** \_\_\_\_\_

**Bay County Tax ID No:** \_\_\_\_\_

**Describe Structures Currently On or Any Unique Features of Parcel:**

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**Required Information for Contraction:**

1. Is the property contiguous to the City limits of Lynn Haven?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
**(Planning Dept – attach map clearly showing the area and parcel proposed to be excluded).**
2. Is the property within the City limits of another City? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Approximate acreage of parcel to be contracted: \_\_\_\_\_
4. Number of persons residing on property: \_\_\_\_\_
5. Is or has the parcel been part of or subdivided by plat? YES \_\_\_\_\_ NO \_\_\_\_\_
6. Present land use designation of the property is: \_\_\_\_\_
7. What City services are currently provided to the property? (Check all that apply)  

_____ Roads (public only)	_____ Fire
_____ Potable water	_____ Police
_____ Sanitary Sewer	_____ Reuse Water
_____ Solid Waste	_____ Nearby City Park

Other (Please specify): \_\_\_\_\_

**Please describe your reasons for requesting contraction from the City:**

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**APPLICANT:**

**CO-APPLICANT:**

**Print Name:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

**BEFORE ME** personally appeared \_\_\_\_\_  
\_\_\_\_\_, who is/are  
personally known to me or who produced \_\_\_\_\_  
\_\_\_\_\_,  
as identification.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

**Printed Name** \_\_\_\_\_

**My Commission Expires:**

**By** \_\_\_\_\_

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Printed Name**

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**Company Name**

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**Title**

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**Witness**

**ATTEST**

**BY:**

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**Secretary**