



ANNEXATION REQUEST

Date _____

The undersigned property owners(s) of Whitfield County Tax Parcel
Number _____ hereby request(s) to be annexed into The town limits of
the Town of Cohutta, Georgia As R-1____ R-A____ C-1____ M-1____ .
(check appropriate selection)

The Physical Address of the property:

The mailing address for the property:

Sincerely,

Owner Print

Telephone _____

Owner Signature

Email _____

Owner Print

Telephone _____

Email _____

Other contact Information _____