

**APPLICATION TO ANNEX TO THE CITY OF HOLLISTER  
COMMUNITY FACILITIES DISTRICT NO. 5**

**APPLICANT**

(Developer or Project Manager)

**PROPERTY OWNER / AUTHORIZED VOTER**

(if different from Applicant, legal ability to sign Petition)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**PROJECT INFORMATION**

Assessor's Parcel Number: \_\_\_\_\_

Tract No (Please attach current maps): \_\_\_\_\_

Project Title/Subdivision Name: \_\_\_\_\_

Street Address/Location of Project: \_\_\_\_\_

Number of Lots / Residential Units: \_\_\_\_\_ / \_\_\_\_\_

Total Acreage of Property to be Annexed: \_\_\_\_\_

**SEND THIS FORM TO (you may scan this form and email it to the email address below):**

City of Hollister  
Public Works Department  
Attention: Dillon Albert  
339 Fifth Street, Hollister, CA 95023  
Questions? Contact Dillon Albert at (831) 636-4340 or email: [dillon.albert@hollister.ca.gov](mailto:dillon.albert@hollister.ca.gov)

**PAYMENT OF ANNEXATION FEE:**

- Please send the annexation fee in the amount of \$3,173.71 payable to the City of Hollister.
- Send the annexation fee to the City address above and reference the project on the memo line.

The information provided in this application is true and correct and I hereby request the annexation of the above-defined property to the City of Hollister Community Facilities District No. 5.

(Authorized Representative of Applicant)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_