

**PETITION FOR DIRECT ANNEXATION BY UNANIMOUS APPROVAL
PURSUANT TO SECTION 66.021(12), WISCONSIN STATUTES
WHERE ELECTORS RESIDE IN TERRITORY**

We, the undersigned, constituting all of the electors and all of the owners of the real property in in the following territory of the town(s) of _____, _____ County, Wisconsin, lying contiguous to the Village of Montfort, petition the village board of the Village of Montfort to annex the territory described below and shown on the attached scale map to the Village of Montfort, _____ County, Wisconsin:

[Legal description of territory proposed to be annexed]

The current population of such territory is _____

We, the undersigned, elect that this annexation shall take effect to the full extent consistent with outstanding priorities of other annexation, incorporation or consolidation proceedings, if any.

Signature of Petitioner	Date of Signing	Owner*	Elector*	Address or Description of Property
1.				
2.				

* If elector, write "elector" in the appropriate box; if owner, write "owner" in the appropriate box.

**AFFIDAVIT OF CIRCULATOR TO APPEAR AT
BOTTOM OF EACH PAGE OF ANNEXATION PETITION**

I, (name of circulator), being duly sworn, state: I reside at (circulator's residence including street, number, and municipality) , Wisconsin. I personally circulated the attached petition in the town(s) of _____, _____ County, Wisconsin, commencing on the ___ day of _____, (Year) and terminating on the ___ day of _____, (Year) and personally obtained each signature on this petition. I know that each person who signed is an elector or owner of property located in the territory proposed for annexation and signed the petition with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I reside within the territory described above. I am aware that falsifying this affidavit is punishable under secs. 12.13(3)(a) and 946.32(1)(a) of the Wisconsin statutes.

Signature of Circulator: _____

Subscribed and sworn to before me this _____ day of _____, (Year)

(Signature of Notary) _____

Notary Public, _____ County, Wisconsin.

My commission expires _____