

NO ELECTORS

STATE OF ILLINOIS)
) SS
COUNTY OF WILL)

BEFORE THE MAYOR AND MEMBERS OF THE CITY COUNCIL
OF THE CITY OF LOCKPORT, ILLINOIS

PETITION FOR ANNEXATION

THE UNDERSIGNED Petitioner(s)

Hereby respectfully petition to annex to the City of Lockport, Will County, Illinois, the territory described on Exhibit "A" attached hereto and made a part hereof as though fully set forth and under oath state as follows:

1. All the Petitioner(s) are the Owners of Record of all the territory hereinbefore described.
2. There are no electors residing in the hereinabove described territory.
3. The territory as described herein is not within the corporate limits of any municipality.
4. All the territory then hereinbefore described will be contiguous to the City of Lockport, Will County, Illinois, or contiguous to other parcels which will be contiguous to the City of Lockport at the time of annexation.

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WHEREFORE, Petitioner(s) make the following requests:

1. That the corporate authorities of the City of Lockport, Will County, Illinois, annex the territory hereinbefore described to said City.
2. That the annexation requested herein be contingent upon the execution of an Annexation Agreement by and between Petitioner(s) and the City of Lockport.

The undersigned being first duly sworn on oath, certify and state that the statements set forth in the Petition for Annexation above are true and correct.

Dated as of the _____ day of _____, 2000.

Respectfully submitted,

Owners of Record

Owners of Record

Owners of Record

Owners of Record

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I, _____, a Notary Public in and for said
County, in the State aforesaid, do hereby certify that _____,
Personally known to me to be the same person whose name is subscribed to the
foregoing instrument, appeared before me this day in person and acknowledge that
he/she signed and delivered the said instrument as his own free and voluntary act.

Given under my hand and Notarial Seal this _____ day of _____,
2000.

Notary Public

My Commission expires: _____

NO ELECTORS

"EXHIBIT"

Common Address: _____

PIN# _____

(Legal Description)

Contact Person

Name _____

Address _____

Phone Number () _____