



**SEWER CONNECTION RECEIPT
AND CONSENT TO ANNEXATION (INDIVIDUALS)**

Date Issued: _____

Names of Record Title Owners of the Property (if married spouse must be included):

Property Mailing Address: _____

Contact Phone Number: _____

Property Street Address: _____

Property Legal Description (You may attach an Exhibit A including the legal description if additional space is needed):

Fee: \$ _____

This document stands as a receipt for the fee received by the City of Victor for connection to the City of Victor sewer system. Signing this document will activate an account in 120 days for monthly billing of city sewer charges. This document will be recorded in the recorder's office of Teton County, Idaho.

I (or we), as the Record Title Owner(s) of the Property, hereby consent to the City of Victor annexing the above referenced property into the City of Victor.

Print Name:

Date: _____

Print Name:

Date: _____

City of Victor

City Representative: _____

Print Name: _____

Title: _____

Date Paid _____ Check # _____

State of _____)
) ss.
County of _____)

On the ____ day of _____, 20____, before me, the undersigned notary public in and for said County and State, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and who acknowledged to me that he/she has the authority to execute and executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Notary Public of _____
Residing at: _____
Commission Expires: _____

State of Idaho)
) ss.
County of _____)

On the ____ day of _____, 20____, before me, the undersigned notary public in and for said County and State, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and who acknowledged to me that he/she has the authority to execute and executed the same.

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Notary Public of Idaho
Residing at: _____
Commission Expires: _____