

# Notice from Taxing District

Boundary change packets must be received by the **Department of Revenue** and the **County Assessor(s)** by March 31.

For Department of Revenue use only		
Prepared by	DOR File Number	
Date Received	Date Approved	Date Disapproved
Notes		

District name			
Mailing address	City	State	ZIP
County name	Second county name (if applicable)		
Contact person	Second contact person (if applicable)		
Telephone (      )	E-mail		
Ordinance/resolution/order	Planning file number		
Election date	Effective date		
Notes			

**Boundary**

Change     
  Proposed change     
  Preliminary review     
  Delayed annexation

**The change is for**

Formation of a new district  
 Annexation of territory to a district  
 Withdrawal of territory from a district  
 Dissolution of a district  
 Transfer  
 Merge  
 Establishment of tax zone

**Documents included**

Ordinance/Resolution/Order  
 Map of Boundary Change (shows point of beginning and all bearings and distances.)  
 Legal description of Boundary Change

**Send to**  
 Oregon Department of Revenue  
 Cadastral Information Systems Unit  
 PO Box 14380  
 Salem OR 97309-5075

**Contact us**  
**E-mail:** boundary.changes@dor.state.or.us  
**Telephone:** 503-945-8297  
**Fax:** 503-945-8737