



APPLICATION

Petition for proceedings pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000

The undersigned hereby petition(s) the Local Agency Formation Commission of Imperial County for approval of a proposed change of organization, and stipulate(s) as follows:

OWNER INFORMATION	
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS
APPLICANT INFORMATION (IF DIFFERENT FROM THE OWNER)	
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS
PROJECT INFORMATION	
NAME OF PROPOSAL	DATE
PROJECT ADDRESS	APN(S)
CITY, STATE, ZIP	TOTAL LAND AREA (ACRES)
THIS PROPOSAL IS MADE PURSUANT TO THE CALIFORNIA GOVERNMENT CODE (COMMENCING WITH SECTION 56000, CORTESE-KNOX-HERTZBERG LOCAL GOVERNMENT REORGANIZATION ACT OF 2000).	
1	PROPOSED CHANGE(S) OF ORGANIZATION: <input type="checkbox"/> ANNEXATION <input type="checkbox"/> SPHERE OF INFLUENCE <input type="checkbox"/> OTHER <input type="checkbox"/> DETACHMENT <input type="checkbox"/> CONSOLIDATION <input type="checkbox"/> EXTENSION OF SERVICES <input type="checkbox"/> INCORPORATION <input type="checkbox"/> FORMATION OF _____
2	NAME OF THE CITY/SPECIAL DISTRICT BEING AFFECTED
3	THE PROPOSED BOUNDARIES OF THE TERRITORY(IES) INCLUDED IN THE PROPOSAL ARE AS DESCRIBED IN THE EXHIBIT(S) ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREIN. <input type="checkbox"/> YES, BOUNDARY EXHIBITS ARE ATTACHED

14	<p>WHAT IS THE PLANNED GENERAL PLAN DESIGNATION OF THE AREA BY THE AFFECTED CITY?</p> <p>_____</p> <p>_____</p>
15	<p>DESCRIBE ANY SPECIAL LAND USE CONCERNS EXPRESSED IN THE ABOVE PLANS.</p> <p>_____</p> <p>_____</p>
16	<p>SPECIFY ANY AND ALL EXISTING LAND USES. _____</p> <p>_____</p> <p>WHAT ARE THE PROPOSED LAND USES? _____</p> <p>DESCRIBE YOUR PROJECT IN DETAIL: _____</p> <p>_____</p> <p>_____</p>
17	<p>DOES THE APPLICATION CONTAIN 100% WRITTEN CONSENT OF EACH PROPERTY OWNER IN THE SUBJECT TERRITORY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
18	<p>WILL THE ANNEXED TERRITORY BE LIABLE FOR ITS SHARE OF EXISTING BONDED INDEBTEDNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
19	<p>WILL THE ANNEXED TERRITORY BE INCLUDED WITHIN ANY PARTICULAR TAX DIVISION OR ZONE OF THE ANNEXING TERRITORY? PLEASE SPECIFY.</p> <p>_____</p> <p>_____</p>
20	<p>IF THE PROPOSAL INCLUDES THE CONSOLIDATION OF SPECIAL DISTRICTS, THE PROPOSED NAME OF THE CONSOLIDATED DISTRICT IS:</p> <p>_____</p> <p>_____</p>
21	<p>IF AN INCORPORATION IS INCLUDED IN THE PROPOSAL:</p> <p>(A) THE NAME PROPOSED FOR THE NEW CITY IS:</p> <p>_____</p> <p>(B) PROVISIONS ARE REQUESTED FOR THE APPOINTMENT OF:</p> <p>(I) CITY MANAGER <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(II) THE CITY CLERK AND CITY TREASURER <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

22	<p>IF THE FORMATION OF A NEW DISTRICT(S) IS INCLUDED IN THE PROPOSAL:</p> <p>(A) THE PRINCIPAL ACT(S) UNDER WHICH SAID DISTRICT(S) IS/ARE PROPOSED TO BE FORMED IS/ARE:</p> <p>_____</p> <p>_____</p> <p>(B) THE PROPOSED NAME(S) OF THE NEW DISTRICT(S) IS/ARE:</p> <p>_____</p> <p>_____</p> <p>(C) THE BOUNDARIES OF THE PROPOSED NEW DISTRICT(S) ARE AS DESCRIBED IN EXHIBITS _____ INCORPORATED HEREIN.</p>
23	<p>THE PERSON(S) SIGNING THIS PETITION HAVE SIGNED AS:</p> <p style="text-align: right;">(CHECK ONLY ONE)</p> <p style="text-align: right;"><input type="checkbox"/> REGISTERED VOTERS</p> <p style="text-align: right;"><input type="checkbox"/> OWNERS OF LAND</p>
24	<p>AS REQUIRED, THE FOLLOWING ITEMS ARE ENCLOSED WITH THIS APPLICATION:</p> <p><input type="checkbox"/> DEPOSIT <input type="checkbox"/> LEGAL DESCRIPTION</p> <p><input type="checkbox"/> INDEMNIFICATION AGREEMENT <input type="checkbox"/> ANNEXATION MAP (10 COPIES)</p>

APPLICANT SIGNATURE

DATE

*Please complete the names and addresses of **additional** persons (**not including** the owner/applicant previously listed at the beginning of the application) who are requesting to have furnished copies of the agenda and Executive Officer's Report and/or mailed notices of the hearing of this proposal. Please attach additional pages if necessary.*

PERSON 1	REQUESTS: <input type="checkbox"/> AGENDA COPIES <input type="checkbox"/> PUBLIC NOTICE OF HEARING <input type="checkbox"/> HEARING PACKAGE HARD COPY <input type="checkbox"/> HEARING PACKAGE ON CD
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS

PERSON 2	REQUESTS: <input type="checkbox"/> AGENDA COPIES <input type="checkbox"/> PUBLIC NOTICE OF HEARING <input type="checkbox"/> HEARING PACKAGE HARD COPY <input type="checkbox"/> HEARING PACKAGE ON CD
NAME	COMPANY
MAILING ADDRESS	TELEPHONE NUMBER
CITY, STATE, ZIP	EMAIL ADDRESS

NOTICE:

Prior to the effective date of any jurisdictional change (i.e., annexation, detachment, etc.), the governing bodies of all agencies whose service areas or service responsibilities would be altered by such change shall meet to determine the amount of property tax revenues to be exchanged between and among such affected agencies. Notwithstanding any other provisions of law, no such jurisdictional change shall become effective until each county and city included in such negotiation agrees, BY RESOLUTION, to accept the negotiated exchange of property tax revenues.

NOTE:

The resolutions referred to above shall be attached to this application prior to filing with the Local Agency Formation Commission. The Executive Officer of the Local Agency Formation Commission shall not issue a Certificate of Completion (COC) until such resolution is filed with LAFCO.

Wherefore, petitioner(s) request(s) that proceedings be taken in accordance with the provisions of Section 56000, et seq. of the Government Code and herewith affix signature(s) as follows:

Chief Petitioners (not to exceed three):

Print Name

Date

Signature

Residence Address

Print Name

Date

Signature

Residence Address

Print Name

Date

Signature

Residence Address

for LAFCO use only

APPLICATION RECEIVED BY

DATE RECEIVED

CHECK THE DOCUMENTS SUBMITTED WITH THE APPLICATION:

- | | |
|--|---|
| <input type="checkbox"/> DEPOSIT | <input type="checkbox"/> LEGAL DESCRIPTION |
| <input type="checkbox"/> INDEMNIFICATION AGREEMENT | <input type="checkbox"/> ANNEXATION MAP (10 COPIES) |

PROJECT NO. ASSIGNED

DATE ACCEPTED