



Sacramento Local Agency Formation Commission General Application

Thank you for submitting an application with Sacramento's Local Agency Formation Commission (LAFCo). Please be advised that our office strongly recommends that a project proponent participate in a pre-application conference with staff prior to submitting an application. The pre-application process will ensure the submitted application complies with the applicable requirements, and that the applicant has a comprehensive understanding of the LAFCo process. For more information about how to coordinate with LAFCo staff please contact CommissionClerk@SacLAFCo.org or call (916) 874-6458.

Prior to completing the **LAFCo General Application**, please review the application form cover letter and complete the application checklist.

NOTE: Applications will not be accepted without signature of legal owners or official agents with Power of Attorney or Chief Petitioners. Furthermore, staff will not begin processing a project if the application is incomplete.

Application Type

Check all that are applicable.

<input type="checkbox"/> MSR	<input type="checkbox"/> SOI	<input type="checkbox"/> MSR-SOI
<input type="checkbox"/> Consolidation	<input type="checkbox"/> Detachment	<input type="checkbox"/> Dissolution
<input type="checkbox"/> Incorporation	<input type="checkbox"/> Merger	<input type="checkbox"/> Annexation
<input type="checkbox"/> Formation		

Proposed Project Name

Project Information

Project Request/Description:

Address/Description of Project Location:

Do not complete the information below if your project is a sole MSR and/or SOI application. Please complete the MSR-SOI Supplemental application and the MSR Questionnaire instead.

Subject Agencies/Districts	Does the district/agency collect property taxes as a source of revenue?
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- | | |
|----------------------------------|---|
| 1. _____
2. _____
3. _____ | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
|----------------------------------|---|

For Formation of a new district <input type="checkbox"/> Not Applicable	Applicable for Incorporation of a city <input type="checkbox"/> Not Applicable
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What is the name of the newly formed district?	What is the proposed name of the new City?
What is the Principal Act used to form the district?	

Assessor Parcel Information (within the proposal territory):

Assessor Parcel Numbers (APN)	Area (in acres):
Total Area:	

Application Initiated By:

<input type="checkbox"/> Resolution (indicate #: _____)
<input type="checkbox"/> Landowner or Voter Petition
<input type="checkbox"/> District/Agency/City (for MSR-SOIs)

Authority to File (check one and attach authorization):

- Ownership
 Letter of Agency
 Petition
 Resolution
 District/Agency

Primary contact for LAFCo staff:

Applicant Representative	Name:		Contact:
	Address		City
	State/Zip	Email:	Phone:

Complete if application is submitted by landowner petition (3 Maximum):

Petitioner/ Landowner	Name:		Contact:
	Address		City:
	State/Zip	Email:	Phone:

Petitioner/ Landowner	Name:		Contact:
	Address		City:
	State/Zip	Email:	Phone:

Petitioner/ Landowner	Name:		Contact:
	Address		City:
	State/Zip	Email:	Phone:

Certification

I hereby certify that the above information and accompanying documents are true and accurate to the best of my knowledge and agree to pay any fees and expenses required to prepare necessary environmental documentation and planning studies and fees to process this application. In addition, I hereby petition the Sacramento Local Agency Formation Commission (LAFCo) for approval of a proposed change of organization, reorganization, and/or MSR-SOI applications as described herein.

Wherefore, petitioner(s) or owner(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:

Landowner/ Chief Petitioner(s) as listed above:

1. _____
2. _____
3. _____

Applicants Representative or Agent as listed above:

Date: _____