

LOCAL AGENCY FORMATION COMMISSION

Application for Approval
of Out-of-Agency Service

Date: _____

Agency: _____

Contact Person: _____

Address: _____

Phone#: _____

Property owner: _____

Address: _____

Phone #: _____

Property Address: _____

Parcel # (s) _____

Please complete all relevant questions

1. Is the territory within the Agency's sphere of influence? If no, a sphere amendment must be requested concurrent with this application. YES / NO
2. Type of service to be provided?
3. Please discuss the reason for the service agreement/contract. Explain why a jurisdictional change is not possible at this time. (Indicate if this is an emergency health and safety situation).
4. Is reorganization of the territory anticipated at some future time? YES / NO
If yes, when?
5. If development is proposed, please provide a description of the project.

6. Is the project approval ministerial? **YES / NO**

If the project approval is discretionary, attach all supporting development documentation including but not limited to:

<u>Development approval</u>	<u>Resolution attached?</u>
Tentative Map and Conditions	<input type="checkbox"/>
Subdivision Map or Parcel Map	<input type="checkbox"/>
Specific plan	<input type="checkbox"/>
General Plan Amendment	<input type="checkbox"/>
Rezoning	<input type="checkbox"/>
Other/_____	<input type="checkbox"/>

7. Please provide a detailed description of how services are to be extended to the property.

- a. Distance for connection:
- b. Cost of improvements:
- c. How is financing to occur?

ENVIRONMENTAL REVIEW

Please include a copy of environmental review conducted for the project. If exempt, please provide a copy of the Notice of Exemption.

MAPS

Please provide a vicinity map showing the property, district or city boundary, district or city sphere, and relevant proposed and existing infrastructure.

AGREEMENT/CONTRACT

Please attach a copy of the proposed agreement or contract.