



## APPLICATION

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

*The undersigned hereby petition the Local Agency Formation Commission of Imperial County  
for approval and stipulate as follows:*

OWNER	
NAME:	AGENCY:
MAILING ADDRESS:	PHONE:
	EMAIL:
APPLICANT (IF DIFFERENT FROM THE OWNER)	
NAME:	AGENCY:
MAILING ADDRESS:	PHONE:
	EMAIL:
TERRITORY(IES) INFORMATION	
ADDRESS:	
APN(S):	
TOTAL LAND AREA (ACRES):	
THE TERRITORY(IES) IS/ARE WITHIN THE SHERE OF INFLUENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
THE TERRITORY(IES) IS/ARE: <input type="checkbox"/> UNINHABITED <input type="checkbox"/> DEVELOPED <input type="checkbox"/> INHABITED (12 OR MORE REGISTERED VOTERS) <input type="checkbox"/> UNDEVELOPED	
EXISTING ZONING:	
PROPOSED ZONING:	
BEEN PRE-ZONED? <input type="checkbox"/> YES <input type="checkbox"/> NO PRE-ZONED DATE _____ CLASSIFICATION _____	BEING PRE-ZONED? <input type="checkbox"/> YES <input type="checkbox"/> NO
EXISTING LAND USE(S):	
PROPOSED LAND USE(S):	
THE TERRITORY(IES) IS/ARE CONTIGUOUS TO THE CITY/DISTRICT: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**PROPOSAL(S) AND/OR REQUEST(S)****PROPOSED CHANGE(S) OF ORGANIZATION PURSUANT TO SECTIONS COMMENCING WITH 56650:**

- ☐ ANNEXATION  
☐ DETACHMENT  
☐ CONSOLIDATION  
☐ MERGER OF A CITY & DISTRICT  
☐ ESTABLISHMENT OF SUBSIDIARY DISTRICT

CITY:

- ☐ DISINCORPORATION    ☐ INCORPORATION

DISTRICT:

- ☐ DISSOLUTION    ☐ FORMATION

☐ THE EXERCISE OF NEW OR DIFFERENT FUNCTIONS OR CLASSES OF SERVICES, OR DIVESTITURE OF THE POWER TO PROVIDE PARTICULAR FUNCTIONS OR CLASSES OF SERVICES, WITHIN ALL OR PART OF THE JURISDICTIONAL BOUNDARIES OF A SPECIAL DISTRICT

**REQUEST EXTENSION OF SERVICE(S) PURSUANT TO SECTION 56133:**

SERVICE(S) REQUESTED:

**REQUEST EXTENSION OF SERVICE PURSUANT TO SECTION 56134:**

- ☐ FIRE PROTECTION

**REQUEST AMENDMENT PURSUANT TO SECTION 56425-56430:**

- ☐ SPHERE OF INFLUENCE

**REQUEST REVIEW PURSUANT TO SECTIONS 56425-56430:**

- ☐ SERVICE AREA PLAN

**PLEASE ANSWER THE FOLLOWING****1** DESCRIBE YOUR PROPOSAL(S) AND/OR REQUEST(S) IN DETAIL:**2** PLEASE DESCRIBE IN DETAIL THE REASON(S) FOR YOUR PROPOSAL(S) AND/OR REQUEST(S):**3** IS/ARE YOUR PROPOSAL(S) AND/OR REQUEST(S) SUBJECT TO ANY TERMS AND CONDITIONS?    ☐ YES    ☐ NO

PLEASE SPECIFY:

**4** NAME OF AGENCY(IES) BEING AFFECTED BY YOUR PROPOSAL(S) AND/OR REQUEST(S):**5** WOULD YOU LIKE TO DESIGNATE A TITLE FOR YOUR PROPOSAL(S) AND/OR REQUEST(S)?    ☐ YES    ☐ NO

TITLE:

6 IS THERE A GOOD LIKELIHOOD OF A SIGNIFICANT INCREASE IN POPULATION IN THE SUBJECT AREA WITHIN THE NEXT TEN YEARS?  
IN UNINCORPORATED AREAS? ☐ YES ☐ NO  
IN INCORPORATED AREAS? ☐ YES ☐ NO  
ESTIMATED ADDITIONAL POPULATION:

7 WHAT IS THE PLANNED GENERAL PLAN DESIGNATION OF THE AREA BY THE AFFECTED AGENCY?

ARE THERE ANY SPECIAL LAND USE CONCERNS? ☐ YES ☐ NO  
PLEASE SPECIFY:

8 DOES THIS APPLICATION CONTAIN 100% WRITTEN CONSENT OF EACH PROPERTY OWNER IN THE SUBJECT TERRITORY? ☐ YES ☐ NO

IF PROPOSING AN **ANNEXATION / DETACHMENT**:

A. WILL THE TERRITORY BE LIABLE FOR ITS SHARE OF EXISTING BONDED INDEBTEDNESS? ☐ YES ☐ NO

B. WILL THE TERRITORY BE INCLUDED WITHIN ANY PARTICULAR TAX DIVISION OR ZONE? ☐ YES ☐ NO

PLEASE SPECIFY:

C. WOULD AN ISLAND OF UNINCORPORATED TERRITORY BE CREATED?  
☐ YES ☐ NO

PLEASE EXPLAIN:

10 IF PROPOSING A **CONSOLIDATION**, WHAT IS THE PROPOSED NAME?

IF PROPOSING AN **INCORPORATION OF A CITY**:

A. WHAT IS THE PROPOSED NAME FOR THE CITY? \_\_\_\_\_

B. NAME OF PERSON APPOINTED AS:

1. INTERIM CITY MANAGER: \_\_\_\_\_

2. INTERIM CITY CLERK: \_\_\_\_\_

IF PROPOSING THE **FORMATION OF A DISTRICT**:

A. WHAT IS THE PRINCIPAL ACT THAT SAID DISTRICT MAY BE FORMED?

B. WHAT IS THE PROPOSED NAME OF THE NEW DISTRICT?

IF REQUESTING A **SERVICE AREA PLAN REVIEW**:

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- A. DATE OF PREVIOUS SERVICE AREA PLAN REVIEW: \_\_\_\_\_
- B. WAS THE SPHERE OF INFLUENCE UPDATED AT THE TIME OF THE PREVIOUS SERVICE AREA PLAN REVIEW?    ☐ YES    ☐ NO
- C. DATE THE LAST TIME THE SPHERE OF INFLUENCE WAS AMENDED:  
\_\_\_\_\_
- D. DOES THE CURRENT SERVICE AREA PLAN PROPOSE A SPHERE OF INFLUENCE AMENDMENT?    ☐ YES    ☐ NO

IF REQUESTING A **SPHERE OF INFLUENCE AMENDMENT**:

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- A. NAME OF AGENCY(IES) TO BE AMENDED:
- B. WHAT IS THE NATURE OF THE PROPOSED AMENDMENT?
- C. WHAT IS THE REASON FOR THE REQUEST?
- D. WHAT ARE THE PROPOSED TERMS OR CONDITIONS?
- E. NAME OF OTHER AGENCY(IES) BEING AFFECTED:  
  
HOW?  
  
WHY?
- F. CURRENT SPHERE OF INFLUENCE SIZE \_\_\_\_\_
- G. PROPOSED SHPHERE OF INFLUENCE SIZE \_\_\_\_\_
- H. CURRENT UNDEVELOPED LAND SIZE WITHIN THE SPHERE OF INFLUENCE:
- I. DESCRIBE THE LAND USE(S) WITHIN THE PROPOSED AREA:

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LIST ANY DOCUMENTS BEING SUBMITTED WITH THIS APPLICATION THAT ARE NOT LISTED IN ITEM 16:

AS REQUIRED, THE FOLLOWING ITEMS ARE ENCLOSED WITH THIS APPLICATION:

☐ FEE/DEPOSIT \$ \_\_\_\_\_

**ANNEXATION / DETACHMENT:**

- ☐ INDEMNIFICATION AGREEMENT  
☐ LEGAL BOUNDARY DESCRIPTION  
☐ ANNEXATION / DETACHMENT MAP  
☐ PROJECT LOCATION MAP  
☐ VICINITY MAP  
☐ PROTEST WAIVER LETTER

**SPHERE OF INFLUENCE AMENDMENT:**

- ☐ INDEMNIFICATION AGREEMENT

**SERVICE AREA PLAN REVIEW:**

- ☐ SERVICE AREA PLAN  
☐ LAST ADOPTED AUDIT  
☐ LAST ADOPTED BUDGET

**OTHER CHANGE OF ORGANIZATION:**

- ☐ INDEMNIFICATION AGREEMENT  
☐ BOUNDARY MAP  
☐ LEGAL BOUNDARY DESCRIPTION  
☐ SPHERE OF INFLUENCE MAP  
☐ SERVICE AREA PLAN  
☐ CEQA ANALYSIS  
☐ FEASIBILITY STUDY  
☐ FINANCIAL ANALYSIS  
☐ PROTEST WAIVER LETTER

**EXTENSION OF SERVICE(S):**

- ☐ INDEMNIFICATION AGREEMENT

IF OUTSIDE THE SPHERE OF INFLUENCE:

- ☐ AGENCY DOCUMENTATION OF A THREAT  
 TO HEALTH & SAFETY

**THE EXERCISE OF NEW OR DIFFERENT FUNCTIONS OR CLASSES OF SERVICES,  
 OR DIVESTITURE OF THE POWER TO PROVIDE PARTICULAR FUNCTIONS OR  
 CLASSES OF SERVICES, WITHIN ALL OR PART OF THE JURISDICTIONAL  
 BOUNDARIES OF A SPECIAL DISTRICT:**

- ☐ INDEMNIFICATION AGREEMENT      ☐ PROTEST WAIVER LETTER  
☐ FEASIBILITY STUDY      ☐ FINANCIAL ANALYSIS      ☐ SERVICE AREA PLAN

**PEOPLE REQUESTING DOCUMENTS (OTHER THAN THE OWNER / APPLICANT)**

**PERSON 1**

REQUEST(S):

- ☐ PUBLIC NOTICE OF HEARING      ☐ EXECUTIVE OFFICER'S REPORT

NAME:

AGENCY:

MAILING ADDRESS:

PHONE:

EMAIL:

**PERSON 2**

REQUEST(S):

- ☐ PUBLIC NOTICE OF HEARING      ☐ EXECUTIVE OFFICER'S REPORT

NAME

AGENCY:

MAILING ADDRESS:

PHONE:

EMAIL:

**PERSON 3**

REQUEST(S):

- ☐ PUBLIC NOTICE OF HEARING      ☐ EXECUTIVE OFFICER'S REPORT

NAME:

AGENCY:

MAILING ADDRESS:

PHONE:

EMAIL:

## CHIEF PETITIONERS

*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:*

**PERSON 1** THE PERSON SIGNING THIS PETITION HAS SIGNED AS:  
(CHECK ONLY ONE) ☐ REGISTERED VOTER ☐ OWNER OF LAND

NAME:

DATE:

RESIDENCE ADDRESS:

SIGNATURE

**PERSON 2** THE PERSON SIGNING THIS PETITION HAS SIGNED AS:  
(CHECK ONLY ONE) ☐ REGISTERED VOTER ☐ OWNER OF LAND

NAME:

DATE:

RESIDENCE ADDRESS:

SIGNATURE

**PERSON 3** THE PERSON SIGNING THIS PETITION HAS SIGNED AS:  
(CHECK ONLY ONE) ☐ REGISTERED VOTER ☐ OWNER OF LAND

NAME:

DATE:

RESIDENCE ADDRESS:

SIGNATURE

**NOTE:** *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.*

OWNER SIGNATURE

DATE

APPLICANT SIGNATURE

DATE

**CHECK THE DOCUMENTS SUBMITTED WITH THE APPLICATION:**

☐ FEE/DEPOSIT \$ \_\_\_\_\_

**ANNEXATION / DETACHMENT:**

- ☐ INDEMNIFICATION AGREEMENT
- ☐ LEGAL BOUNDARY DESCRIPTION
- ☐ ANNEXATION / DETACHMENT MAP
- ☐ PROJECT LOCATION MAP
- ☐ VICINITY MAP
- ☐ PROTEST WAIVER LETTER

**SPHERE OF INFLUENCE AMENDMENT:**

- ☐ INDEMNIFICATION AGREEMENT

**SERVICE AREA PLAN REVIEW:**

- ☐ SERVICE AREA PLAN
- ☐ LAST ADOPTED AUDIT
- ☐ LAST ADOPTED BUDGET

**OTHER CHANGE OF ORGANIZATION:**

- ☐ INDEMNIFICATION AGREEMENT
- ☐ BOUNDARY MAP
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- ☐ FINANCIAL ANALYSIS
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**EXTENSION OF SERVICE(S):**

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IF OUTSIDE OF THE SPHERE OF INFLUENCE:

- ☐ AGENCY DOCUMENTATION OF A THREAT TO HEALTH & SAFETY

**THE EXERCISE OF NEW OR DIFFERENT FUNCTIONS OR CLASSES OF SERVICES, OR DIVESTITURE OF THE POWER TO PROVIDE PARTICULAR FUNCTIONS OR CLASSES OF SERVICES, WITHIN ALL OR PART OF THE JURISDICTIONAL BOUNDARIES OF A SPECIAL DISTRICT:**

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- ☐ FEASIBILITY STUDY      ☐ FINANCIAL ANALYSIS      ☐ SERVICE AREA PLAN

\_\_\_\_\_  
APPLICATION RECEIVED BY

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
ID # ASSIGNED

\_\_\_\_\_  
DATE ACCEPTED