



Service Area Plan - Submittal Summary

Please print and provide all the information requested.

****This form must be submitted in unison with the updated SAP document hard copy & disc.**

APPLICANT INFORMATION		
AGENCY NAME		CONTACT NAME
MAILING ADDRESS		TELEPHONE NUMBER
CITY, STATE, ZIP		EMAIL ADDRESS
CITY/DISTRICT INFORMATION		
CITY/DISTRICT NAME		CONTACT NAME
MAILING ADDRESS		TELEPHONE NUMBER
CITY, STATE, ZIP		EMAIL ADDRESS
SAP SUBMITTAL INFORMATION		
CITY/DISTRICT NAME		
DATE OF SUBMITTAL	DATE OF PREVIOUS SAP UPDATE	WAS THE SOI UPDATED AT THAT TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT TOTAL LAND AREA (ACRES)	PROPOSED TOTAL LAND AREA	DOES THE CURRENT SAP PROPOSE A SOI CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL DESCRIPTION OF CURRENT BOUNDARIES		
PLEASE LIST ANY DOCUMENTS/ITEMS BEING SUBMITTED IN ADDITION TO THIS FORM		

APPLICANT SIGNATURE

DATE

CITY/DISTRICT SIGNATURE

DATE

FOR LAFCO USE ONLY

APPLICATION RECEIVED BY _____

DATE RECEIVED _____

PROJECT NO. ASSIGNED _____

DATE ACCEPTED _____

HEARING DATE _____

DATE OF APPROVAL/DENIAL _____

RESOLUTION NO. _____