

SERVICE AREA PLAN SUBMITTAL SUMMARY

*Please print and provide all 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.