



# Sphere of Influence Application

*Please print and provide all the information requested.*

<b>1</b>	CITY / DISTRICT TO BE AMENDED	
<b>2</b>	IF THE APPLICATION IS BY RESOLUTION	RESOLUTION NO. _____ DATE (____/____/____)
	IF THE APPLICATION IS BY PETITION	CHIEF PETITIONER
<b>3</b>	CURRENT SPHERE AREA (SIZE)	PROPOSED INCREASE TO SPHERE AREA (SIZE)
<b>4</b>	CURRENT UNDEVELOPED LAND AREA WITHIN SPHERE	
<b>5</b>	OTHER DISTRICT(S)/CITY(IES) AFFECTED	
<b>6</b>	REASON FOR REQUEST	
	_____	
	_____	
	_____	
<b>7</b>	GENERAL DESCRIPTION OF THE NEW BOUNDARY	
	_____	
	_____	
<b>8</b>	DESCRIBE THE LAND USES WITHIN THE PROPOSED AREA	
	_____	
	_____	
<b>9</b>	<b>APPLICANT CONTACT INFORMATION</b>	
	APPLICANT NAME	COMPANY
	APPLICANT ADDRESS	CITY, STATE, ZIP
	APPLICANT EMAIL	APPLICANT PHONE

<b>10</b>	<b>CITY/DISTRICT REPRESENTATIVE CONTACT INFORMATION</b>	
	CITY/DISTRICT REPRESENTATIVE	CITY/DISTRICT NAME
	MAILING ADDRESS	CITY, STATE, ZIP
	EMAIL	PHONE

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CITY/DISTRICT SIGNATURE**

\_\_\_\_\_  
**DATE**

## FOR LAFCO USE ONLY

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

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

\_\_\_\_\_  
**DEPOSIT AMOUNT SUBMITTED**

\_\_\_\_\_  
**RECEIPT NO.**

\_\_\_\_\_  
**PROJECT ID NO.**

\_\_\_\_\_  
**PREVIOUS AMENDMENT DATE**

\_\_\_\_\_  
**CERTIFICATE OF FILING DATE**

\_\_\_\_\_  
**HEARING DATE**

\_\_\_\_\_  
**DATE OF APPROVAL/DENIAL**