

SPHERE OF INFLUENCE APPLICATION

Please print and provide all information requested.

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

10	CITY/DISTRICT REPRESENTATIVE CONTACT INFORMATION	
	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