

EXHIBIT A



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 City of Holtville	CONTACT NAME Justina Gamboa-Arce, City Planner	
MAILING ADDRESS 1601 North Imperial Avenue	TELEPHONE NUMBER 760 337-3883	
CITY, STATE, ZIP El Centro, CA 92243	EMAIL ADDRESS justina@theholtgroup.net	
CITY / DISTRICT INFORMATION		
CITY / DISTRICT NAME City of Holtville	CONTACT NAME Nicholas D. Wells	
MAILING ADDRESS 121 West 5th Street	TELEPHONE NUMBER 760 356-4574	
CITY, STATE, ZIP Holtville, CA 92250	EMAIL ADDRESS nwells@holtville.ca.gov	
SAP SUBMITTAL INFORMATION		
CITY / DISTRICT NAME City of Holtville		
DATE OF SUBMITTAL June 7, 2017	DATE OF PREVIOUS SAP UPDATE April 2015	WAS THE SOI UPDATED AT THAT TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
CURRENT TOTAL LAND AREA (ACRES) 5,011	PROPOSED TOTAL LAND AREA 5,041	DOES THE CURRENT SAP PROPOSE A SOI CHANGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GENERAL DESCRIPTION OF CURRENT BOUNDARIES West: Country Club Drive or State Highway 115; North: Kamm Road; East: Bridenstein Road; South: Haven Road or Edwards Road.		
PLEASE LIST ANY DOCUMENTS / ITEMS BEING SUBMITTED IN ADDITION TO THIS FORM Draft 2017 Service Area Plan; Letter and Exhibit in Support of Boundary Adjustment		

 **CITY PLANNER**
APPLICANT SIGNATURE

06/06/17
DATE

 **City Manager**
CITY/DISTRICT SIGNATURE

06/06/2017
DATE



INDEMNIFICATION AGREEMENT

As part of this application, applicant and real party in interest, if different, agree to defend, indemnify, hold harmless, and release the Imperial County Local Agency Formation Commission, its agents, officers, attorneys, and employees (including consultants) from any claim, action, or proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul the approval of this application or adoption of the environmental document which accompanies it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney fees, or expert witness fees that may be asserted by any person or entity, including the applicant, arising out of or in connection with the approval of this application, whether or not there is concurrent negligence on the part of the Imperial County Local Agency Formation Commission, its agents, officers, attorneys, or employees (including consultants).

If any claim, action, or proceeding is brought against Imperial County Local Agency Formation Commission, its agents, officers, attorneys, or employees, to attack, set aside, void, or annul the approval of the application or adoption of the environmental document which accompanies it, then the following procedures shall apply:


1. The Executive Officer shall promptly notify the Commission of any claim, action or proceeding brought by an applicant challenging the Commission's action. The Commission, its agents, attorneys and employees (including consultants) shall fully cooperate in the defense of that action.
2. The Commission shall have final determination on how to best defend the case and may defend it with in-house counsel, or by retaining outside counsel. In either case applicant shall be fully responsible for all costs incurred. Applicant may request to provide his or her own counsel to defend the case, however prior written approval of the Commission shall be obtained. Said independent counsel shall work with LAFCO counsel to provide a joint defense and shall include a complete defense of LAFCO to the satisfaction of the Commission.

EXECUTED IN City of Holtville CALIFORNIA ON June 6 2017
(CITY) (MONTH) (DAY) (YEAR)

APPLICANT / City of Holtville

NAME (PRINT): Nicholas D. Wells

TITLE: City Manager

SIGNATURE: 

MAILING ADDRESS:
121 West 5th Street
Holtville, CA 92250

REAL PARTY IN INTEREST / PROPERTY OWNER
(IF DIFFERENT FROM APPLICANT)

NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____

MAILING ADDRESS:

FOR LAFCO USE ONLY

RECEIVED BY: DBruce DATE RECEIVED: 06/08/17

PROJECT NO. HV 1-17

JHDEBIS:LAFCO\Forms\2014 Forms\Indemnification Agreement.doc Updated 06/30/2014