

EXHIBIT A



RECEIVED

DEC 27 2017

Local Agency Formation Commission

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 Heber Public Utility District		CONTACT NAME Laura Fischer, General Manager
MAILING ADDRESS 1078 Dogwood Road		TELEPHONE NUMBER 760-482-2440
CITY, STATE, ZIP Heber, CA 92249		EMAIL ADDRESS lfischer@heber.ca.gov
CITY / DISTRICT INFORMATION		
CITY / DISTRICT NAME Same as above.		CONTACT NAME
MAILING ADDRESS		TELEPHONE NUMBER
CITY, STATE, ZIP		EMAIL ADDRESS
SAP SUBMITTAL INFORMATION		
CITY / DISTRICT NAME Heber Public Utility District		
DATE OF SUBMITTAL December 27, 2017	DATE OF PREVIOUS SAP UPDATE June 2012	WAS THE SOI UPDATED AT THAT TIME? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT TOTAL LAND AREA (ACRES) 5,568 Acres	PROPOSED TOTAL LAND AREA 5,568	DOES THE CURRENT SAP PROPOSE A SOI CHANGE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
GENERAL DESCRIPTION OF CURRENT BOUNDARIES Bound by Farnsworth Rd to the west, Correll Rd to the north, Jasper Rd to the South, and Yourman Rd to the east (Exhibit A)		
PLEASE LIST ANY DOCUMENTS / ITEMS BEING SUBMITTED IN ADDITION TO THIS FORM Service Area Plan CD and Hard Copy		

GENERAL MANAGER

12/27/2017

DATE

DISTRICT BOARD PRESIDENT SIGNATURE

12-27-2017

DATE

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IMPERIAL LOCAL AGENCY FORMATION COMMISSION (LAFCO) ♦ JURG HEUBERGER, AICP, CEP, EXECUTIVE OFFICER
1122 STATE STREET, SUITE D ♦ EL CENTRO, CA 92243 ♦ PHONE (760) 353-4115 ♦ WWW.ICLAFCO.COM



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 Heber, CALIFORNIA ON December 26, 2017
(CITY) (MONTH) (DAY) (YEAR)

APPLICANT

NAME (PRINT): Laura Fischer

TITLE: General Manager

SIGNATURE: *Laura Fischer*

MAILING ADDRESS:

1078 Dogwood Road

Heber, CA 92243

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

NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____

MAILING ADDRESS: _____

FOR LAFCO USE ONLY

RECEIVED BY: Paula Graf

DATE RECEIVED: 12-27-17

PROJECT NO. HPUD 1.17

JH\DEBIS\LAFCO\Forms\2014 Forms\Indemnification Agreement.doc Updated 06/30/2014