LOCAL AGENCY FORMATION COMMISSION
1190 Suncast Ln, Suite 11. El Dorado Hills, CA 95762
(530) 295-2707 · lafco@edlafco.us · www.edlafco.us

LANDOWNER APPLICATION (§56000)

DATE: _____ **PROJECT NAME:**_____

PROJECT NUMBER: _____
LAFCO will assign a project name & number

GENERAL INFORMATION

PETITIONER(s): _____
Property owner(s) making application (Additional owners with parcel numbers on separate sheet)

CONTACT PERSON: _____
Contact person must be property owner or designated agent (refer to Landowner Signature & Agent Designation Form)

ADDRESS: _____

E-MAIL:_____ **TELEPHONE**: _____

ASSESSOR'S PARCEL NO(s): _____
If unknown, obtain from El Dorado County Assessor's Office (530) 621-5719.

Type of Project: ____ Annexation ____ Reorganization ____ Detachment ____ SOI ____ Other

AGENCY/DISTRICT: *(List all agencies whose boundaries would be changed by this proposal)*

LOCATION: *(Closest major county road intersection or road junctions)*

PURPOSE: *(Clearly state reason for proposal)*

ACRES: _____

The following persons *(not to exceed three)* are designated as chief petitioners to receive copies of the Notice of Hearing and the Executive Officer's Report on this proposal at the addresses shown:

Name	***Address***	***City, Zip***

Must be signed by a Representative of, or Petitioner, named above: _____

FEES
(See Attached Fee Schedule)
One-Half of the LAFCO fee is due with these forms.
This portion of the fee is non-refundable. Remaining fees and application materials will be required after the property tax negotiations are complete.