

# STANISLAUS LAFCO

Stanislaus Local Agency Formation Commission

1010 – 10 th Street, 3<sup>rd</sup> Floor ♦ Modesto, CA 95354

(209) 525-7660 ♦ FAX (209) 525-7643

www.stanislauslafco.org

## OUT OF BOUNDARY SERVICE APPLICATION

### AGENCY TO EXTEND SERVICE:

AGENCY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

### CONTRACTING PARTY:

NAME OF PROPERTY OWNER: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CONTRACT NUMBER/IDENTIFICATION: \_\_\_\_\_

ASSESSOR PARCEL NUMBER(S): \_\_\_\_\_

ACREAGE: \_\_\_\_\_

The following application questions are intended to obtain enough data about the proposal to allow the Commission and staff to adequately assess the service extension. By taking the time to fully respond to the questions below, you can reduce the processing time for this application. You may include any additional information that you believe is pertinent. Use additional sheets where necessary.

1. (a) List type of service(s) to be provided by this application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Are any of the services identified in 1-a “new” services to be offered by the agency? If yes, please provide explanation.

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2. Please provide a description of the service agreement/contract. (Included in this description should be an explanation as to why a jurisdictional change is not possible at this time and if this extension is an emergency health and safety situation.)

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3. Is annexation of the territory by your agency anticipated at some future time? Please provide an explanation.

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4. Is the property to be served within the Agency’s sphere of influence?

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5. If the service extension is for development purposes, please provide a complete description of the project to be served.

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6. Has an environmental determination been made for this proposal? If yes, provide a copy. If no, please provide an explanation.

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7. Are there any land use entitlements involved in the project or contract? If yes, please provide a copy of the documentation for this entitlement. Please check those documents attached:

- \_\_\_\_\_ Tentative Map and Conditions
  - \_\_\_\_\_ Subdivision Map or Parcel Map
  - \_\_\_\_\_ Specific Plan
  - \_\_\_\_\_ General Plan Amendment
  - \_\_\_\_\_ Rezoning
  - \_\_\_\_\_ Other - (provide explanation) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

8. Please provide a map showing existing facilities and proposed extensions and a detailed description of how services are to be extended to the property. Your response should include, but not be limited to, an explanation of distance for connection to existing infrastructure to the site; and cost of improvements, how financing is to occur, and any special financing arrangement for later repayment.

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\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

I hereby certify that the statement furnished above and in the attached exhibits present the data and information required for this evaluation of service extension to the best of my ability, and that the facts, statement, and information presented herein are true and correct to the best of my knowledge and belief.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATED: \_\_\_\_\_

**REQUIRED ATTACHMENTS:**

1. Copy of the proposed agreement.
2. Map showing the property to be served, existing agency boundary, and the location of infrastructure to be extended.
3. Application fee.

Please forward the completed form and related information to:

Stanislaus Local Agency Formation Commission  
Attn: Executive Officer  
1010 10<sup>th</sup> Street, 3<sup>rd</sup> Floor  
Modesto, CA 95354

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## INDEMNITY AGREEMENT

As part of this application, the applicant agrees to defend, indemnify, hold harmless and release the Stanislaus Local Agency Formation Commission (LAFCO), its officers, employees, attorneys, or agents from any claim, action or proceeding brought against any of them, the purpose of which is to attack, set aside, void, or annul, in whole or in part, LAFCO's action on a proposal or on the environmental documents submitted to support it. This indemnification obligation shall include, but not be limited to, damages, costs, expenses, attorney fees, and expert witness fees that may be asserted by any person or entity, including the applicant arising out of or in connection with the application.

Date: \_\_\_\_\_

APPLICANT OR APPLICANT'S REPRESENTATIVE:

(Proof of authority must be provided)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_