

# 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: \_\_\_\_\_

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

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

### PROPERTY OWNER (PARTY RECEIVING SERVICE):

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

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

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

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

ACREAGE: \_\_\_\_\_ *(If multiple properties, attach a list with names, addresses and APNs.)*

### REQUIRED ATTACHMENTS - Please provide the following:

- ☐ Completed application and fees. (See [Schedule of Fees and Deposits](#). Please consult with LAFCO staff to determine the appropriate fee.)
- ☐ Map showing existing facilities and proposed extensions. The map should include measurements detailing how services are to be extended to the property.
- ☐ Draft service agreement or contract between the service provider and property owner OR a will-serve letter from the service provider.

### PROPOSAL-SPECIFIC ATTACHMENTS – The following may also be required:

- ☐ If the proposed extension will serve new development, a copy of the environmental determination made by the Lead Agency.
- ☐ If the proposed service extension is to remedy a health and safety situation, documentation of the health and safety issue.

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 and if necessary.

1. List type of service(s) to be extended:

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2. Is the service extension for new development or an existing use? Provide a complete description of the project and/or use to be served.

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3. Is this request to address a health and safety situation? ☐ Yes ☐ No

If yes, please explain below.

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4. Is the property to be served within the Agency's sphere of influence? ☐ Yes ☐ No

5. LAFCO policies generally prefer annexation rather than an extension of services outside the agency's boundary. Is annexation of the territory by your agency anticipated at a future time? ☐ Yes ☐ No

6. Please provide an explain of the Agency's preference for an out-of-boundary instead of annexation.

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7. Are there any land use entitlements involved in the project or contract? ☐ Yes ☐ No  
If yes, please check the entitlements that were obtained and provide a copy of the approval:

- |   |  |
|---|--|
| <input type="checkbox"/> Tentative Map and Conditions | <input type="checkbox"/> Subdivision Map or Parcel Map |
| <input type="checkbox"/> Specific Plan                | <input type="checkbox"/> General Plan Amendment        |
| <input type="checkbox"/> Rezoning                     |  |
| <input type="checkbox"/> Other: _____                 |  |

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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.

## **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.

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

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

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

DATE: \_\_\_\_\_

**Please forward the completed form, fees, and related information to:**

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