



Local Agency Formation Commission
2222 M Street
Merced, CA 95340
Phone (209) 385-7671 / Fax (209) 726-1710
www.lafcomerced.org

FILING REQUIREMENTS Out-Of-Boundary Service Requests

Applications for Out-of-Boundary Service requests will be deemed complete only if the following requirements are fulfilled:

1. One copy of a completed *Out-of-Boundary Service* request Application form.
2. One copy a certified resolution from the agency requesting LAFCO action.
3. One copy of sign contract between agency and property owners seeking service. The contract must stipulate the terms and conditions of extending services to the property and indicate service is contingent upon LAFCO approval.
4. One copy of maps depicting properties seeking service and existing city, urban service area and sphere of influence boundaries.
5. One copy of the LAFCO Environmental Information Form if requesting categorical exemption from CEQA. If project is not categorically exempt, please submit 10 copies of a certified environmental document. Negative declarations must include a copy of the Initial Study.

If there is a question regarding whether or not LAFCO will be lead agency or whether the proposal is categorically exempt, an Environmental Information Form will need to be completed and signed before meeting with LAFCO staff to determine lead agency status.

6. One copy of any staff report submitted to agency's council or board pertaining to the proposal.
7. If proposal is requested to address a health and safety concern, a letter describing the situation is required from County Environmental Health Department or other appropriate agency.
8. One set of mailing labels of property owners in the project area, all affected cities and special districts and any other entities interested in receiving public notice.



Local Agency Formation Commission
2222 M Street
Merced, CA 95340
Phone (209) 385-7671 / Fax (209) 726-1710
www.lafcomerced.org

OUT-OF-BOUNDARY SERVICE APPLICATION

Date: _____

Agency seeking LAFCO Approval:

Name: _____
Address: _____
Phone: _____
Contact Person: _____

Property Owner Information:
Attach additional sheets as needed

Name: _____
Phone: _____
APN: _____
Property Address: _____

Project Information
Please answer all relevant questions. Attach additional sheets as needed

- 1. Types of public service(s) that are to be provided?
2. Reason for out-of-boundary service contract, (why the service is needed)?
3. Provide a detailed description and map(s) of how services are to be extended to the property (ies)
4. Is the territory within the Agency's sphere of influence? (If no, a sphere amendment should be requested concurrent with this application):

5. Describe threat to public health and safety if request is made under emergency conditions (and provide information documenting the circumstances such as County Health Department Notice): _____

6. Explain why annexation is not being considered as an alternative to providing services outside the agency's jurisdictional boundaries at this time: _____

7. Is annexation of the project area anticipated in the future? If yes, what are the agency's plans and timelines for annexation? Provide relevant information that demonstrates that the service contract is in anticipation of a future annexation: _____

8. If new development is proposed, provide a description of the proposed project: _____

9. Identify Lead Agency for environmental review of the project: _____

