



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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_