

STATEMENT OF BOUNDARY CHANGE

Please mail to: State Board of Equalization, Tax Area Services Section,
450 N Street, MIC:59, P.O. Box 942879, Sacramento, CA 94279-0059.



BOE File No.:

COUNTY	COUNTY NUMBER	ACREAGE	FEE	Res./Ord. NUMBER
CONDUCTING AUTHORITY				LAFCo. RES.
SHORT FORM DESIGNATION				EFFECTIVE DATE

SECTION 1: TYPE OF ACTION (CHECK ONE ONLY)

- City - Annexation (02) District - Formation (09) District - Name Change (11) School District - Transfer of Territory (13)
- City - Detachment (14) District - Annexation (01) Redevelopment - New Project (15)
- City - Incorporation (04) District - Detachment (07) Redevelopment - Amendment to Project (10)
- Consolidation of TRA's (06) District - Consolidation (05) School District - Merger (17) School District - Unification (18)
- County Boundary Change (16) District - Dissolution/Removal from Board Roll (08) School District - Thompson Unified (19)

SECTION 2: PRINCIPAL CITY/DISTRICT(S) AFFECTED BY ACTION [ENTER DISTRICT NAME(S)]

SECTION 3: AFFECTED TERRITORY

- Inhabited Developed Will be taxed for existing bonded indebtedness or contractual obligations as set forth by the terms and conditions as stated in the resolution.
- Uninhabited Undeveloped
- Number of Areas: _____ Will not be taxed for existing bonded indebtedness or contractual obligations.

SECTION 4: ELECTION

- An election authorizing this action was held on _____ (mm/dd/yyyy)
date
- This action is exempt from election.

SECTION 5: ENCLOSED ARE THE FOLLOWING ITEMS REQUIRED AT THE TIME OF FILING

- Fees Certificate of Completion (LAFCo. only) County auditor's letter of TRA assignment (consolidated counties only)
- Legal description Map(s) and supporting documents
- Resolution of conducting authority Assessor parcel number(s) of affected territory

SECTION 6: CITY BOUNDARY CHANGES ONLY

- Map of limiting addresses (2 copies) Alphabetical list of all streets within the affected area to include beginning and ending street numbers
- Vicinity maps (2 copies)

Estimated Population: _____ Total assessed value of all property in subject territory: _____

REQUIRED: According to section 54902 of the Government Code, copies of these documents must be filed with the county auditor and county assessor.

<i>Board of Equalization will acknowledge receipt of filing to:</i>	BOE USE ONLY
NAME	chk #: amt: ltr #:
TITLE	
AGENCY	
STREET	
CITY ZIP CODE	
TELEPHONE NUMBER (include area code) FAX NUMBER (include area code)	
E-MAIL ADDRESS	
SIGNATURE OF AGENCY OFFICER DATE	