**Application**

**Outside Agency Service Agreement**

Please complete the following information to process an application under the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (indicate N/A if Not Applicable). Out of Agency Services are subject to Government Code Section 56133.

**A. Applicant Information**

1. Agency Name:
2. Contact Person and Title:
3. Contact Information:

Telephone E-Mail

1. Mailing Address:

 Address City, State, Zip Code

**B. Type of Outside Agency Services Agreement**

1) New  □ Extended □

2) Water □ Sewer □ Other:

3) Provide a copy of the agreement between the agency and affected parties to be served.

1. Is the request to extend services in response to an existing and urgent health or safety emergency as identified in writing from the public health officer?

Yes □ No □

If yes, please provide documentation of the emergency.

**C. Location of Territory to be Served** (Attach additional sheets if necessary)

|  |  |  |
| --- | --- | --- |
| Proposed Area to be Served (Assessor Parcel Number/Geographic Area) | Size | Current Use |
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**D. Service Information**

1. Describe how the agency would provide the proposed new or extended service to the subject territory. Please identify any necessary infrastructure or facility improvements and associated funding requirements necessary to provide service to the subject territory.

1. If the proposed new or extended service involves water or sewer, identify the anticipated demand in terms of use (i.e., gallons, acre-feet) and frequency of delivery (per day/month/etc.) associated with serving the subject territory. For extended service, please estimate the difference in comparison to existing demand.

1. Describe compensation for the proposed service (i.e., fee/household, fee/truck/tank, etc.).

1. Does the agency have sufficient capacities to provide the proposed new or extended service to the subject territory without adversely effecting existing service levels?

1. What services, if any, are currently provided to the subject territory?

**E. Additional Information**

1. Identify the subject territory’s land use designation and zoning standard along with the minimum parcel density requirements.

1. Are there any proposed or approved, but not yet built, development projects involving the subject territory?

Yes □ No □

 If yes, describe the proposed projects or the approved permits/land use entitlements.

1. The Commission’s action regarding this request by the agency to provide new or extended services outside its jurisdictional boundary is subject to the requirements of the California Environmental Quality Act (CEQA). Has the agency conducted any CEQA reviews for any projects associated with this application?

Yes □ No □

If yes, please provide copies of the environmental documentation, including the Notice of Exemption or Notice of Determination as well as proof of payment of applicable California Department of Fish & Game fees.

1. Is the subject territory located within the agency’s sphere of influence?

 Yes □ No □

If no, please identify whether there is an existing or future threat to public health and safety or to the residents in support of the application.

**FEE AGREEMENT AND VOLUNTARY INDEMNIFICATION AGREEMENT**

All applications must include signed [Fee Agreement and Voluntary Indemnification Agreement](https://www.mendolafco.org/files/8891cd33b/Fee%2BAgreement%2Band%2BVoluntary%2BIndemnification%2B2021%2BFINALb.pdf) forms, which are located at [www.mendolafco.org/application-materials](http://www.mendolafco.org/application-materials).

**FEES**

Per the Mendocino LAFCo [Fee Schedule](https://www.mendolafco.org/files/5d54dbf5b/Fee%2BSchedule%2BAdopted%2B5-12-16%2C%2Bupdated%2B5-5-21.pdf), deposits toward the actual cost of processing proposals must be paid at the time an application is submitted. All deposits are initial payments toward the actual costs of processing proposals, including staff time and materials (e.g., noticing, postage, copying). In signing the Fee Agreement and Voluntary Indemnification, the applicant consents to reimburse LAFCo for all costs incurred in processing, including pre-application assistance.

**CERTIFICATION**

The undersigned hereby certifies that all LAFCo filing requirements will be met and that the statements made in this application are complete and accurate to the best of my knowledge.

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 (Signature) (Date)

Print or Type Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_