

# APPLICATION FOR SPHERE OF INFLUENCE

*PLEASE PRINT OR TYPE AND PLEASE PROVIDE ALL INFORMATION REQUESTED!*

<b>1</b>	DISTRICT TO BE AMENDED		
<b>2</b>	IF APPLICATION IS BY RESOLUTION	RESOLUTION NO. (                    )	DATE ( ___/___/___ )
<b>3</b>	IF APPLICATION IS BY PETITION	CHIEF PETITIONER	
<b>4</b>	CURRENT SPHERE (SIZE) AREA	PROPOSED INCREASE TO SHPERE AREA	
<b>5</b>	CURRENT UNDEVELOPED LAND (AREA) WITHIN SPHERE		
<b>6</b>	OTHER DISTRICT (S)/CITY (S) AFFECTED		
<b>7</b>	REASON FOR REQUEST ----- -----		
<b>8</b>	DESCRIBE NEW BOUNDARY ----- -----		
<b>9</b>	DESCRIBE LAND USES WITHIN PROPSED AREA ----- -----		
<b>10</b>	APPLICANT (S) NAME	APPLICANT (S) PHONE	
<b>11</b>	APPLICANT (S) ADDRESS		
<b>12</b>	DISTRICT REPRESENTATIVE	DISTRICT PHONE	
<b>13</b>	DISTRICT MAILING ADDRESS		

PLEASE READ AND FOLLOW INSTRUCTIONS AND PROVIDE ALL NECESSARY INFORMATION

**14** \_\_\_\_\_  
SIGNATURE (APPLICANT)

\_\_\_\_\_  
DATE

**15** \_\_\_\_\_  
SIGNATURE (DISTRICT)

\_\_\_\_\_  
DATE

DATE RECEIVED
APPLICATION REJECTED
CERTIFICATE OF FILING DATE

RECEIVED BY
PREVIOUS AMENDMENT DATE
TENTATIVE HEARING DATE

RECEIPT NO.
FEE / DEPOSIT
LAFCO I.D.

**TRINITY LOCAL AGENCY FORMATION COMMISSION (LAFCO)**  
**P.O. Box 2819, WEAVERVILLE, CA 96093 T: (530) 623-1351 Fax: (530) 623-1353**  
**EXECUTIVE OFFICER –COLETTE METZ**