

LANDOWNER CONSENT FORM

Local Agency Formation Commission For San Bernardino County

I (We), _____, consent to the
annexation/ reorganization of my (our) property located at:

which is identified as Assessor's Parcel Number(s) _____
_____ ,

to the _____ .
(name of agency)

Signature(s): _____
Address: _____
City, State, Zip _____
Date Signed: _____

*If a corporation or company owns the property, please provide with
this form authorization from the entity for the signer to sign on its
behalf.*