

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

1170 W. Third Street, Unit 150,
San Bernardino, CA 92415-0490 • (909) 388-0480 • FAX (909) 388-0481
E-MAIL: lafco@lafco.sbcounty.gov

REGISTERED VOTER PETITION INITIATING PROCEEDINGS

We, the undersigned Registered Voters, do hereby petition the Local Agency Formation Commission, pursuant to the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000 (Government Code Sections 56000 et seq.), as follows:

(List all proposed changes of organization)

To the best of our knowledge, the proposal is consistent with the adopted sphere(s) of influence for an affected agency or agencies, and we understand that this proposal cannot be considered unless and until such spheres are consistent.

We certify that we are registered voters of the area described and understand that these petitions may not be circulated separately from a current legal description and a current map showing the area of review.

The names and addresses of the Chief Petitioners for this proposal are as follows (not to exceed three persons):

The reason(s) for this proposal is (are):

The requested terms and conditions for this proposal, if any, are as follows: _____

We hereby request that the Local Agency Formation Commission for San Bernardino County conduct proceedings on this proposal pursuant to the provisions of Government Code Sections 56000 et seq.

The voter must sign his/her name exactly as it appears on the voter registration rolls, residence address, and the date of signing in his/her own handwriting. RESIDENCE means a number and a street address or description sufficient for the Registrar of Voters to locate property on a map. Post Office Box numbers or Route numbers CANNOT BE USED AND WILL NOT BE ACCEPTED.

SIGN NAME _____ PRINT NAME _____	RESIDENCE ADDRESS _____	DATE _____	FOR ROV USE ONLY
SIGN NAME _____ PRINT NAME _____	RESIDENCE ADDRESS _____	DATE _____	FOR ROV USE ONLY
SIGN NAME _____ PRINT NAME _____	RESIDENCE ADDRESS _____	DATE _____	FOR ROV USE ONLY
SIGN NAME _____ PRINT NAME _____	RESIDENCE ADDRESS _____	DATE _____	FOR ROV USE ONLY
SIGN NAME _____ PRINT NAME _____	RESIDENCE ADDRESS _____	DATE _____	FOR ROV USE ONLY

