

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

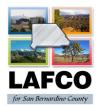
215 North "D" Street, Suite 204, San Bernardino, CA 92415-0490 Telephone (909) 388-0480

Written Protest Instructions

Only original signatures dated and submitted between the date of publication of protest hearing notice and the conclusion of the protest hearing will be considered in determining the value of protests. After the conclusion of the protest hearing, LAFCO will determine the value of all written protests and the next steps for the proposal, which may be approval, approval contingent upon an election, or termination.

Written protests may be mailed or hand-delivered in advance of the hearing to the LAFCO office located at 215 North "D" Street, Suite 204, San Bernardino, California 92415-0490, or submitted at the protest hearing. Protests cannot be accepted by fax or email. Agents submitting protest on behalf of landowners must attach proper authorization. This may include written consent of the landowner, majority shareholder consent of a corporation or LLC, or other suitable documentation.

If you have any questions, please call the LAFCO office during normal business hours prior to the protest hearing – (909) 388-0480.



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215 North "D" Street, Suite 204, San Bernardino, CA 92415-0490
Telephone (909) 388-0480

Written Protest Form

I am <u>c</u>	opposed to the I	LAFCO proposal known as
Checl	k all that apply:	(LAFCO Proposal No.)
	•	ERED VOTER at the following address (exactly as it appears on voter records ication) within the boundary of the proposed change of organization:
		(Name)
		(Street Address)
		(City, State and Zip)
	I am a <u>LANDO\</u> change of orga	WNER of the following property within the boundary of the proposed inization:
		(Name)
		(Street Address or designation sufficient to readily identify the property)
		(City, State and Zip)
		Assessor's Parcel Number(s)
Ш		authorized to protest on behalf of the landowner, with respect to the n the proposed change of organization (attach required authorization):
		(Name)
		(Street Address or designation sufficient to readily identify the property)
		(City, State and Zip)
		Assessor's Parcel Number(s)
Signa	ature:	Date: