

STATEMENT OF BOUNDARY CHANGE

Please mail to: California State Board of Equalization, Tax Area Services Section, MIC:59,
P.O. Box 942879, Sacramento, CA 94279-0059.
www.boe.ca.gov

BOE File Number: _____

COUNTY	COUNTY NUMBER	ACREAGE	FEE	RES./ORD. NUMBER
CONDUCTING AUTHORITY				LAFCO. RES.
SHORT FORM DESIGNATION				EFFECTIVE DATE

1. TYPE OF ACTION

- City—Annexation (02)
- City—Detachment (14)
- City—Incorporation (04)
- Consolidation of TRA's (06)
- County Boundary Change (16)
- District—Formation (09)
- District—Annexation (01)
- District—Detachment (07)
- District—Consolidation (05)
- District—Dissolution/Removal from Board Roll (08)
- District—Name Change (11)
- Reorganization (12)
- School District—Transfer of Territory (13)
- School District—Merger (17)
- School District—Unification (18)
- School District—Thompson Unified (19)

2. PRINCIPAL CITY/DISTRICT(S) AFFECTED BY ACTION (ENTER DISTRICT NAME[S])

3. AFFECTED TERRITORY

- Inhabited
 - Uninhabited
 - Developed
 - Undeveloped
 - Will be** taxed for existing bonded indebtedness or contractual obligations as set forth by the terms and conditions as stated in the resolution.
 - Will not** be taxed for existing bonded indebtedness or contractual obligations.
- Number of Areas: _____

4. ELECTION

- An election authorizing this action was held on _____ (mm/dd/yyyy).
- This action is exempt from election.

5. ENCLOSED ARE THE FOLLOWING ITEMS REQUIRED AT THE TIME OF FILING

- Fees
- Certificate of Completion (LAFCo. Only)
- Resolution of conducting authority
- County auditor's letter of TRA assignment (consolidated counties only)
- Written geographic description
- Map(s) and supporting documents

6. CITY BOUNDARY CHANGES ONLY

- Map of limiting addresses
 - Alphabetical list of all streets within the affected area to include beginning and ending street numbers
- Estimated Population: _____ Total assessed value of all property in subject territory: _____

REQUIRED: According to section 54902 of the Government Code, copies of these documents must be filed with the county auditor and county assessor.

The California State Board of Equalization will acknowledge receipt of filing to:		BOE USE ONLY	
NAME		CHK #:	AMT:
TITLE			
AGENCY			
ADDRESS (street, city, state, ZIP Code)		INT:	<input type="checkbox"/> DIGITAL CONTENT:
TELEPHONE NUMBER (include area code)	FAX NUMBER (include area code)		
EMAIL ADDRESS			
SIGNATURE OF AGENCY OFFICER		DATE	