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PUBLIC RESOURCES CODE - PRC

DIVISION 9. RESOURCE CONSERVATION [9001 - 9972] (*Division 9 repealed and added by Stats. 1975, Ch. 513.*)

CHAPTER 5. District Reorganization [9601 - 9635] (*Chapter 5 added by Stats. 1975, Ch. 513.*)

ARTICLE 3. Changing Name of District [9621 - 9627] (*Article 3 added by Stats. 1975, Ch. 513.*)

9621. A district may change its name by action of the board of supervisors of the principal county as provided by this article.

(*Added by Stats. 1975, Ch. 513.*)

9622. Whenever in the judgment of the board of directors it is for the best interest of a district that its name be changed to a stated name, it may pass a resolution reciting such fact.

(*Added by Stats. 1975, Ch. 513.*)

9623. A copy of the resolution shall be forwarded to the board of supervisors of the principal county with the request that the name of the district be changed to the stated name.

(*Added by Stats. 1975, Ch. 513.*)

9624. The board of supervisors of the principal county shall consider this request at their next regular meeting and may grant or deny the request. Their action shall be officially recorded in their minutes.

(*Added by Stats. 1975, Ch. 513.*)

9625. If the action of the board of supervisors on this request is negative, they shall forward a copy of the resolution to the board of directors initiating the request.

(*Added by Stats. 1975, Ch. 513.*)

9626. If the action of the board of supervisors on this request is favorable, it shall cause certified copies of the resolution to be forwarded to the board of directors initiating the request, the boards of supervisors and county clerks of all the other counties in which any portion of the district lies and the State Board of Equalization.

(*Amended by Stats. 1998, Ch. 829, Sec. 45. Effective January 1, 1999.*)

9627. On acknowledgment of the change of name by the Secretary of State, the name of the district shall be considered changed.

(*Added by Stats. 1975, Ch. 513.*)

STATEMENT OF BOUNDARY CHANGE

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

BOE File No.: _____

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

1. TYPE OF ACTION

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

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

3. AFFECTED TERRITORY

- | | | |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Inhabited | <input type="checkbox"/> Developed | <input type="checkbox"/> Will be taxed for existing bonded indebtedness or contractual obligations as set forth by the terms and conditions as stated in the resolution. |
| <input type="checkbox"/> Uninhabited | <input type="checkbox"/> Undeveloped | |
| Number of Areas: _____ | <input type="checkbox"/> Will not be taxed for existing bonded indebtedness or contractual obligations. | |

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

- | | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Fees | <input type="checkbox"/> Resolution of conducting authority | <input type="checkbox"/> Written geographic description |
| <input type="checkbox"/> Certificate of Completion (LAFCo. Only) | <input type="checkbox"/> County auditor's letter of TRA assignment (consolidated counties only) | <input type="checkbox"/> Map(s) and supporting documents |

6. CITY BOUNDARY CHANGES ONLY

- | | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Map of limiting addresses | <input type="checkbox"/> 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 #:	
TITLE			
AGENCY		AMT:	
ADDRESS (street, city, state, zip code)			
TELEPHONE NUMBER (include area code)	FAX NUMBER (include area code)	INT:	
EMAIL ADDRESS			
SIGNATURE OF AGENCY OFFICER	DATE	<input type="checkbox"/> DIGITAL CONTENT:	