

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