

COST ACCOUNTING AGREEMENT

Applicant: _____
Mailing Address: _____
Telephone: _____
Fax: _____
E-mail Address: _____

The cost of processing an application may exceed the initial deposit required. In order to recover any additional costs associated with processing your application, the Local Agency Formation Commission, LAFCO, has found it necessary to implement a provision of the Fee Schedule that provides full cost recovery for processing an application.

I, _____, the landowner and/or responsible Applicant, agree to pay the actual costs pursuant to the Fee Schedule attached hereto, plus copying charges and related expenses incurred in the processing of this application. I also understand that if payment on any billings prior to final action is not paid within thirty (30) days, I agree that processing of my application will be suspended until payment is received.

In order to implement the cost accounting provisions, please sign and date this statement indicating your agreement to the cost accounting procedure agreement. This signed agreement is required for your application to be accepted for processing. Checks may be made payable to LAFCO and delivered or mailed to the LAFCO Office at 1042 Pacific Street, Suite A, San Luis Obispo, CA 93401. If you have questions regarding your application, please contact the LAFCO Office at (805) 781-5795.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date