

**TO:**

Local Agency Formation Commission  
County of San Luis Obispo  
1042 Pacific Street, Suite A  
San Luis Obispo, CA 93401

To be filled in by LAFCO

File No: \_\_\_\_\_

Date Presented: \_\_\_\_\_

Officially Filed: \_\_\_\_\_

Designated as: \_\_\_\_\_

LAFCO Action: \_\_\_\_\_

Date: \_\_\_\_\_

**PETITION FOR**

ANNEXATION OF APN 064-405-016 TO CAYUCOS SANITARY DIST  
(Name of Proposal)

**The undersigned by their signature hereon DO HEREBY REPRESENT REQUEST AND PETITION as follows:**

1. The proposal is made pursuant to Part 3, Division 3, Title 5 of the California Government Code (commencing with section 56000, Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000).

2. The nature of the proposed change of organization (i.e., annexation, detachment, Reorganization, etc.) is/are:

ANNEXATION

3. The name or names of all districts and/or cities for which any such change or organization is proposed is as follows:

CAYUCOS SANITARY DISTRICT

4. The names of all other affected counties, cities and districts are:

\_\_\_\_\_

5. The territory(ies) proposed for ANNEXATION

is/are: UNINHABITED

(uninhabited [less than 12 people] or inhabited [12 or more people])

6. This proposal is ~~is not~~ within the sphere of influence of the affected city and/or district.  
(Circle one)

7. Complete description of the exterior boundaries of the territory proposed for annexation. **Please attach legal description to this petition.**

8. Do the boundaries of the districts or cities listed above overlap or conflict with the boundaries of the proposed annexation? \_\_\_\_\_ Yes  No

If yes, justify the need for overlapping or conflicting boundaries:

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9. List any of the districts or cities, as above listed, which possess authority to perform the same or similar function as requested herein.

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(Name of public agency or agencies)

10. Do the boundaries of the territory proposed split lines of assessment?  
\_\_\_\_\_ Yes  No

11. Do the boundaries of the territory proposed create an island or corridor of unincorporated territory or a strip? \_\_\_\_\_ Yes  No

If yes, justify the necessity for the island corridor or strip:

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12. If the proposed boundary follows a street or highway, does it follow the center of the street or highway? \_\_\_\_\_ Yes  No

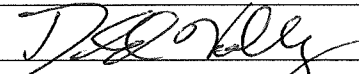
13. It is desired that this proposal provides for and be made subject to the following terms and conditions:

A. \_\_\_\_\_  
\_\_\_\_\_

B. \_\_\_\_\_  
\_\_\_\_\_

20. Proponents of this proposal: (Names of Chief Petitioners, not to exceed three (3), who hereby request that proceedings be taken in accordance with the provisions of Section 56000, et. seq. of the Government Code and herewith affix signatures) as follows:

Please sign on the top line and print on the lines below

Name	Mailing Address
1. 	3051 AUGUSTIA ST, UNIT 9
DONALD VALLEY	S.L.O., CA 93401
2.	
3.	

When a form is completed and the requisite number of qualified signatures has been obtained (after circulation), the petition is to be filed with the Executive Officer.

**The petition and signature sheets must be left intact. Removal of the signature sheets from one counterpart to another counterpart will invalidate the entire petition.**

**NOTE: THIS PAGE MUST BE COMPLETED AND ATTACHED TO EACH PETITION.**

According to Election Code, Section 104, whenever any petition is submitted to the elections official, each section of the petition shall have attached to it a declaration signed by the Circulator of the petition, setting forth, in the Circulator's own hand, the following:

**PRINTED NAME OF CIRCULATOR** (including given name, middle name or initial and last name):

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**RESIDENCE ADDRESS OF CIRCULATOR:**

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**DATES ON WHICH ALL SIGNATURES TO THE PETITION WERE OBTAINED:**

Starting date: \_\_\_\_\_

Ending date: \_\_\_\_\_

The Circulator, by affixing his/her signature below, hereby certifies:

1. That the Circulator circulated the attached petition and witnessed the appended signatures being written.
2. That, according to the best information and belief of the Circulator, each signature is the genuine signature of the person whose name it purports to be.
3. That the Circulator shall certify to the content of the declaration as to its truth and correctness, under penalty or perjury under the laws of the State of California, with the signature of his or her name at length, including given name, middle name, or initial, and last name.

\_\_\_\_\_

Date

\_\_\_\_\_

Name (as required above)

As a signer of this Petition, I hereby certify that I have read the content of the Petition and request that proceedings be taken for the proposal as provided by said Petition.

**PLEASE SIGN NAME ON THE TOP LINE**  
**PRINT NAME ON THE SECOND LINE**

Date signed	Signature & printed name of Petitioners	Residential Address of Petitioners	Official Use Only
6/22/22	Sign: <i>Donald Valley</i> Print: DONALD VALLEY	3051 AUGUSTA ST, UNIT 9 SLC, CA 93401	
	Sign:		
	Print:		
	Sign:		
	Print:		
	Sign:		
	Print:		
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