APPLICATION FOR RECONSIDERATION OF A RESOLUTION OF THE RIVERSIDE LOCAL AGENCY FORMATION COMMISSION

1. LAFCO Number and Title of Proposal for which reconsideration is being requested:

   a. **LAFCO No.** _____

   b. Title _____

   c. Date of LAFCO action(s) _____

2. Specific change being requested (if a change in the approved boundaries is being requested, please attach a map depicting the change).

   _____

   _____

3. Justification - please be specific. Justification must include what new or different facts that could not have been previously presented to the Commission, or what applicable new law, are claimed to warrant reconsideration. (See Gov't Code Section 56895)

   _____

   _____

   _____

   (Attach additional sheets if necessary)

APPLICANT

NAME:
ADDRESS:
PHONE: **EMAIL:**

CONTACT PERSON / AGENT

(If different from Applicant)

NAME:
ADDRESS:
PHONE: **EMAIL:**

Signature of Applicant _____ **Date** _____

NOTE: Refer to Commission Fee Schedule in the LAFCO Application Packet for the current applicable fee.