

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

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:	FAX:	EMAIL:

CONTACT PERSON / AGENT
(If different from Applicant)

NAME:		
ADDRESS:		
PHONE:	FAX:	EMAIL:

Signature of Applicant _____ **Date** _____

NOTE: THE APPLICATION FEE FOR A REQUEST FOR RECONSIDERATION AS OF AUGUST 1, 2007 IS \$875.00.