

670 9th Street, Suite 202, Arcata, CA 95521 (707) 445-7508 / (707) 825-9181 fax www.humboldtlafco.org

WRITTEN PROTEST INSTRUCTIONS

Only original signatures dated and submitted between the date of publication of the hearing notice and the conclusion of the protest hearing will be considered in determining the value of protests. After the conclusion of the protest hearing, LAFCo will determine the value of all written protests and the next steps for the proposal, which may be termination, approval, or approval contingent on an election (depending on type of change of organization or reorganization).

Written protests may be mailed or hand-delivered in advance of the hearing to the LAFCo office at 670 9th Street, Suite 202, Arcata, CA, 95521, no later than 5:00 p.m. on the last business day preceding the protest hearing. LAFCo is open Monday-Friday from 9:00 a.m. to 5:00 p.m. Written protests may be hand-delivered on the day of the protest hearing only at the protest hearing location. Please call LAFCo at (707) 445-7508 during business hours prior to the protest hearing date if you have any questions.

Use of this Written Protest Form for a protest to LAFCo is voluntary. Any written protest that states Opposition, Valid Address, and Original Signature with Date may be submitted for consideration.

WRITTEN PROTEST FORM

In accordance with Part 3, Division 3, Title 5 of the California Government Code (commencing with Section 56000 of the Cortese-Knox-Hertzberg Local Government Reorganization Act of 2000), the undersigned hereby protests the following change of organization or reorganization:

Propo	osal Title:	
Chec	k all that apply:	
	I am a REGISTERED VOTER at the following address (exactly as it appears on voter records to permit verification) within the boundary of the proposed change of organization or reorganization:	
	Name	
	Street Address	
	City, State, Zip	
		of the following property within the boundary of the proposed tion or reorganization:
	Name	
	Street Address	
	City, State, Zip	
	Assessor's Parcel Number(s)	
		norized to protest on behalf of the landowner, with respect to not the proposed change of organization or reorganization thorization):
	Name	
	Street Address	
	City, State, Zip	
	Assessor's Parcel Number(s)	
Sianc	ıture:	Date: