



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.

Written protests may be mailed or hand-delivered in advance of the hearing to the LAFCO office at (80 South Lake Avenue, Suite 870, Pasadena, California, 91101) no later than 5:00 p.m. on the last business day preceding the protest hearing. LAFCO is open Monday-Thursday from 8:00 a.m. to 5:00 p.m. LAFCO is closed on Fridays and holidays. Written protests may be hand-delivered on the day of the protest hearing only at the LAFCO Hearing Room (Room 381-B, Hall of Administration, 500 West Temple Street, Los Angeles, California, 90012) prior to the close of the protest hearing. Please call LAFCO during business hours prior to the protest hearing date if you have any questions (626)204-6500.

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

I am opposed to the proposed LAFCO proposal known as _____
(LAFCO Designation No.)

Check 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:

(Name)

(Street Address)

(City, State, and Zip)

I am a **LANDOWNER** of the following property within the boundary of the proposed change of organization:

(Name)

(Street Address) (or designation sufficient to readily identify the property)

(City, State, and Zip)

Assessor's Parcel Number(s)

I am an **Agent** authorized to protest on behalf of the landowner, with respect to the property within the proposed change of organization (**attach required authorization**):

(Name)

(Street Address) (or designation sufficient to readily identify the property)

(City, State, and Zip)

Assessor's Parcel Number(s)

Signature: _____ Date: _____