

SONOMA LOCAL AGENCY FORMATION COMMISSION

111 SANTA ROSA AVENUE, SUITE 240, SANTA ROSA, CA 95404
(707) 565-2577
www.sonomalafco.org

WRITTEN PROTEST FORM

I am OPPOSED to the LAFCO proposal known as File No. 2019-01: Palm Drive Health Care District Detachment No. 19-01 (Bodega Bay) Involving Detachment from the Palm Drive Health Care District of All Territory Within the Boundary of the Bodega Bay Fire Protection District

Signature: _____ Date Signed: _____

Check ALL that apply:

I am a Landowner of the following property located within the boundary of the detachment area.

Name: _____

Street Address, City, Zip: _____

Assessor's Parcel No _____

I am a Registered Voter residing at the following address within the boundary of the detachment area.

Name: _____

Street Address, City, Zip: _____

I am an Agent authorized to protest on behalf of the landowner with respect to the property within the boundary of the detachment area (attach required authorization).

Name: _____

Street Address, City, Zip: _____

Assessor's Parcel No: _____