



MAINTENANCE DIVISION
2441 Headington Road
Placerville CA 95667
Phone: (530) 642-4909

Rafael Martinez
Director of Transportation
<http://www.eldoradocounty.ca.gov/DOT>

MAIN OFFICE
2850 Fairlane Court
Placerville CA 95667
Phone: (530) 621-5900
Fax: (530) 626-0387

APPLICATION TO DISSOLVE A ZONE BENEFIT WITHIN A COUNTY SERVICE AREA

Your request to dissolve a zone of benefit will be processed upon receipt of a complete application packet. The following items comprise a complete packet:

1. **APPLICATION SUMMARY** – this document must be completed prior to obtaining signatures. Persons signing the petition must read and understand what they are signing.
2. **PETITION** – For each signature, include the Assessor's Parcel Number (APN). Signatures will be verified. Petition signatures must represent no less than ten percent (10%) of the residents registered to vote within the boundaries of the zone;

Petition may be executed in counterpart. The petition must be filed no more than six months from the date of the first signature, and not more than 60 days from the date of the last signature.

3. **DEPOSIT** – a deposit of \$1,000 is required to initiate the dissolution process. Administrative fees in excess of the deposit, if any, must be paid prior to recordation of the dissolution or may be charged against remaining zone assets. You will be notified of any excess fee charges after the public hearing.

Once all the items in the packet are determined to be complete and correct, a public hearing will be scheduled before the Board of Supervisors.

If at the hearing, the Board determines that more than fifty percent (50%) of the registered voters residing within the zone boundaries have filed written objections to the dissolution, the Board shall find that a majority protest exists and shall terminate proceedings.

If no majority protest exists, the Board shall adopt the resolution dissolving the zone of benefit. The dissolution will be recorded and filed with the State Board of Equalization.



COUNTY OF EL DORADO

APPLICATION SUMMARY

Application for Dissolution of a County Service Area Zone of Benefit

Zone Name/Number: _____

Contact Person: _____

Address: _____

Telephone Number: _____

Services to be eliminated:

(Check all that apply)

- Road improvement and/or maintenance
- Drainage facility maintenance
- Other (Specify): _____

Attachments:

- Deposit
- Petition



FOR COUNTY STAFF USE ONLY

Staff initial and date

____ / ____ / ____ Petition complete as to form

Comments: _____

____ / ____ / ____ APNs confirmed

10% of registered voters

Comments: _____

____ / ____ / ____ Petition signatures verified by Registrar of Voters

Comments: _____



COUNTY OF EL DORADO

Page ____ of ____

PETITION TO DISSOLVE A COUNTY SERVICE AREA ZONE OF BENEFIT

Zone name/number: _____

INSTRUCTIONS: Provide printed name, signature, Assessor's Parcel Number (APN), address (if none, so state), name of incorporated community, and date petition is signed. If signatory is not registered to vote at the listed parcel, provide address where registered to vote. If signatory is not registered to vote in El Dorado County, signature must be notarized, and notary acknowledgement attached. This Petition may be executed in one or more counterparts, each of which shall be deemed to be an original instrument and each of which shall have the force and effect of an original and all of which together shall constitute one and the same instrument.

YOUR SIGNATURE ON THIS PETITION INDICATES YOUR DESIRE TO HAVE THE ABOVE NAMED ZONE OF BENEFIT DISSOLVED.

Name (Print):	APN:
Signature:	Date:
Address where registered to vote (if different than APN address):	APN Address:

Signature verification (Registrar of Voters):

Name (Print):	APN:
Signature:	Date:
Address where registered to vote (if different than APN address):	APN Address:

Signature verification (Registrar of Voters):

Name (Print):	APN:
Signature:	Date:
Address where registered to vote (if different than APN address):	APN Address:

Signature verification (Registrar of Voters):

Name (Print):	APN:
Signature:	Date:
Address where registered to vote (if different than APN address):	APN Address:

Signature verification (Registrar of Voters):

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____

On _____ before me, _____,
(here insert name and title of the officer)

personally appeared _____

_____ ,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)

INSERT PARCEL LIST HERE