

# LANDOWNER CONSENT FORM

## Local Agency Formation Commission For San Bernardino County

I (We), \_\_\_\_\_, consent to the  
annexation/ reorganization of my (our) property located at:

\_\_\_\_\_  
which is identified as Assessor's Parcel Number(s) \_\_\_\_\_  
\_\_\_\_\_ ,

to the \_\_\_\_\_ .  
*(name of agency)*

Signature(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date Signed: \_\_\_\_\_

*If a corporation or company owns the property, please provide with  
this form authorization from the entity for the signer to sign on its  
behalf.*