

**SALTON COMMUNITY SERVICES DISTRICT
APPLICATION FOR REFUND OF DEVELOPER IMPACT FEES**

This Application for Refund of Developer Impact Fees (Application) is for use by individuals and legal entities (Applicant) who are seeking a refund of the one-thousand dollar (\$1,000) Developer Impact Fee paid for by Applicant and collected by the Salton Community Services District (SCSD) for street light maintenance and fire protection services. Only the person or entity who actually paid the fee is eligible to apply for and receive a refund; if you are a homeowner and the fee was paid by the developer who built your home, only the developer is eligible to receive the refund. Please note that submission of this Application does not guarantee a refund of any Developer Impact Fees. The SCSD may request additional information and/or documents in an effort to determine entitlement to Developer Impact Fees and compliance with the Application. Incomplete Applications will be returned to the person submitting them.

The Applicant shall submit the completed Application and attachments in person or by mail to:

Salton Community Services District
2098 Frontage Road
Salton City, California 92275
ATTN: Rosa Reagles, Assistant General Manager

Applications must be submitted on or before December 31, 2007.

I. GENERAL INFORMATION

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____

Telephone: _____ Facsimile: _____

Email: _____

II. LEGAL STATUS (for Legal Entities)

Type of Entity:

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Other _____ | |

Date of Incorporation or Establishment: _____

State of Organization: _____

Taxpayer ID Number: _____

III. PAYMENT OF DEVELOPER IMPACT FEES TO SCSD

A. Date Developer Impact Fees Paid: _____

B. Amount Paid: \$ _____

C. Property Address (for which Developer Impact Fees Paid):

APN No.: _____

IV. TERMS OF REFUND

A. Release

Upon the refund of any Developer Impact Fees by the SCSD, Applicant does hereby fully release and discharge SCSD, its officers, directors, attorneys, agents, representatives and employees from any and all possible debts, claims, rights, demands, actions, obligations, liabilities and causes of actions of any and every kind, nature and character whatsoever, whether known or unknown, asserted or unasserted, which Applicant does or may now have, or may in the future have against the SCSD, limited to those arising out of or relating to the payment and refund of Developer Impact Fees.

Applicant understands and agrees that this Release extends to all claims of every nature and kind whatsoever, known or unknown, suspected or unsuspected, arising out of the matters referenced herein and the Applicant hereby waives all rights under California Civil Code Section 1542, which reads as follows:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor."

B. Indemnification

Upon the refund of any Developer Impact Fees by the SCSD, Applicant hereby agrees to indemnify SCSD and to save and hold SCSD harmless from any and all demands, claims, causes of action, fines, penalties, damages, losses, liabilities, judgments, and expenses (including without limitation actual attorneys' fees, expert fees, and court costs) incurred in connection with or arising from the refund of any Developer Impact Fees by the SCSD to the Applicant.

C. No Admission of Liability

The refund of any Developer Impact Fees by the SCSD is intended as a compromise of disputed claims, and does not constitute an admission of liability, misconduct, or wrongdoing whatsoever, or any violation of any order, law, statute, duty or contract whatsoever as to the SCSD.

V. DONATION OF REFUND TO SCSD (OPTIONAL)

- Applicant hereby elects to donate the proceeds from the refund of any Developer Impact Fees to the SCSD.
- Applicant hereby elects to donate the proceeds from the refund of any Developer Impact Fees to the SCSD to be used for street light maintenance and fire protection services.

VI. REQUIRED DOCUMENTATION

The following documentation must be attached to this Application:

- Evidence of Applicant's payment of Developer Impact Fees to the SCSD. You may submit an original signed receipt from SCSD or a cancelled check (copy of both sides of check(s) required showing that the SCSD cashed the check).

For Legal Entities:

Corporations: Copy of filed Articles of Incorporation and most recent filed Statement of Information showing person signing this form is the President of the Corporation.

Limited Liability Companies: Copy of filed Articles of Organization (LLC-1) and Statement of Information showing person signing this form is a Manager or Managing Member.

Limited Partnership. Filed Certificate of Limited Partnership showing person signing this form is the General Partner.

General Partnerships. Filed Statement of Partnership Authority showing the person submitting this Application is a general partner.

- Copy of Tax I.D. number (W-9 Form)

VII. APPLICATION NEEDS TO BE NOTARIZED

Once completed, please have the completed Application acknowledged by a notary public. Note that SCSD does not provide this service.

VIII. SIGNATURE UNDER PENALTY OF PERJURY

The Applicant declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name: _____

Title: _____

Signature: _____

Date: _____

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

STATE OF CALIFORNIA)
) SS.
 COUNTY OF RIVERSIDE)

On _____, before me, _____,
Date Name And Title Of Officer (e.g. "Jane Doe, Notary Public")
 personally appeared _____,
Name of Signer(s)

personally known to me – **OR** – 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.

WITNESS my hand and official seal.

 Signature of Notary Public

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

DESCRIPTION OF ATTACHED DOCUMENT

- Individual
 - Corporate Officer
- _____
- Title(s)
- Partner(s) Limited
 - Attorney-In-Fact General
 - Trustee(s)
 - Guardian/Conservator
 - Other: _____

Title or Type of Document

Number Of Pages

Date Of Document

Signer(s) Other Than Named Above

Signer is representing:
 Name Of Person(s) Or Entity(ies)

