



City of Indio
 Community Development Services
 100 Civic Center Mall
 Indio, California 92201
 (760) 342-6541
 (760) 342-6556 Fax
www.indio.org

Quimby Fees
 (For Staff) HTE File Number _____

The following information must be completed and submitted concurrently with the Final Tract map. The Final Tract map will not be recorded until the required fee is paid.

Date: _____

Project Name: _____

Tract No. _____ File No. _____

Applicant Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail address: _____

For in Office Use Only-

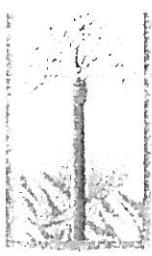
<input type="checkbox"/> *Quimby Fees _____	<input type="checkbox"/> Paid (see attached copy of receipt)
<input type="checkbox"/> C.V. Fringe-Toed Lizard Fees _____	<input type="checkbox"/> Paid (see attached copy of receipt)
<input type="checkbox"/> Other Fees _____	<input type="checkbox"/> Paid (see attached copy of receipt)

Comments: _____

***Quimby Fees:**

Calculation of In Lieu Fee:

(Number of dwelling units X persons per household) (3/1000) = acre of park land to be dedicated. Acres of Parkland x fair market value of "improved and developed subdivision within the subdivision" x 75% (recommended cost recovery level of new residential projects for park and recreation facilities improvements).



CITY OF INDIO

100 CIVIC CENTER WAY • INDIO, CA 92201
TEL 760.912.6700 • FAX 760.912.6237 • WWW.INDIO.ORG

Quimby Fees

Date: _____

Project Name _____ Tract No. _____

Provide us with the following information:

- Number of dwelling units _____
 - Persons per household _____
 - Fair market value (current) of "improved and developed subdivision within the subdivision" _____
-

Calculation of In Lieu Fee:

(Number of dwelling units X persons per household) (3/1000) = acre of park land to be dedicated. Acres of Parkland x fair market value of "improved and developed subdivision within the subdivision" x 75% (recommended cost recovery level of new residential projects for park and recreation facilities improvements).