

## Monterey County Board of Supervisors Referral Submittal Form

**Referral No.**  
**Assignment Date: 10/26/2021**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on Thursday prior to Board meeting:**

Date: 10-20-21	Submitted By: Supervisor John Phillips	District #2
Referral Title: Roadside Camping Prohibition Enforcement		
Referral Purpose: Codify no overnight parking policy on Potrero Road in Moss Landing		
Brief Referral Description: Illegal roadside camping on Potrero has created public health and safety concerns for the community of Moss Landing, particularly regarding fire safety and dumping of waste, including human waste. The purpose of this referral is to implement requisite signage to clarify and strengthen the ability for Monterey County Sheriff's Office peace officers to enforce and better implement the intent of Monterey County Code Section 12.28.021 to enforce the no overnight parking ordinance.		
<b>Classification - Implication</b>	<b>Mode of Response</b>	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	<b>Requested Response Timeline</b>	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input checked="" type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____	

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office :**

Department(s): <b>Public Works, Parks and Facilities</b>	Referral Lead: <b>Randy Ishii</b>	Board Date: <b>10/26/21</b>
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**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

Department(s):	Referral Lead:	Date:
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**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____	<b>Department's Recommended Response Timeline</b>
Date: _____	<input type="checkbox"/> By requested date <input checked="" type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/ Specific Date: _____

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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**Note:** cc: Karina Bokanovich, Maegan Ruiz-Ignacio and Rocio Quezada on all CAO correspondence relating to referrals.