

**Monterey County Board of Supervisors  
Referral Submittal Form**

**Referral No. 2022.14**  
**Assignment Date: 04/19/22**  
(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: 04/06/22	Submitted By: Supervisor Lopez	District #: 3
Referral Title: Harkins Road		
Referral Purpose: Consider making Harkins Road into a one-way street.		
Brief Referral Description (attach additional sheet as required): The community of Spreckels is a small town in between active agriculture, City of Salinas, and Highway 68. Throughout the community, there have been multiple concerns of heavy traffic and speeding vehicles near the local elementary school which sits next to Harkins Road. To alleviate some of the safety concerns, I would like to request staff to investigate the possibility of changing Harkins Road into a one-way street.		
<b>Classification - Implication</b>		<b>Mode of Response</b>
<input checked="" type="checkbox"/> Ministerial / Minor		<input checked="" type="checkbox"/> Memo <input type="checkbox"/> Board Report <input type="checkbox"/> Presentation
<input type="checkbox"/> Land Use Policy		<b>Requested Response Timeline</b>
<input type="checkbox"/> Social Policy		<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input checked="" type="checkbox"/> 6 weeks
<input type="checkbox"/> Budget Policy		<input type="checkbox"/> Status reports until completed
<input checked="" type="checkbox"/> Other: <u>Public Safety</u>		<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): <u>Public Works, Facilities and Parks</u>	Referral Lead: <u>Randy Ishii</u>	Board Date: <u>4/19/22</u>
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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 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:** Please cc Karina Bokanovich, Rocio Quezada and Maegan Ruiz-Ignacio on all CAO correspondence relating to referrals.