

Attachment A

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

Referral No. 2025.11
Assignment Date: 09/16/25
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:

Date: 5 Sept. 2025	Submitted By: Supervisor Glenn Church	District #: 2
Referral Title: No Recreational Vehicle Parking on Railroad Avenue in Pajaro		
Referral Purpose: Request for the Board of Supervisors to consider adoption of an ordinance to prohibit recreational vehicle parking on the entirety of Railroad Avenue in the unincorporated area of the County of Monterey and establish a tow-away zone, authorizing the immediate removal of vehicles that violate this no-parking restriction.		
Brief Referral Description (attach additional sheet as required): Homeless individuals are living in recreational vehicles along this road without appropriate services. These individuals park a variety of vehicles, including motor homes, campers and trailers, to sleep and live in. The uncontrolled use of the road for this purpose has resulted in serious disruptions for residents and businesses as well as health and safety problems, including crime, blocking of travel lanes and dumping of trash and refuse.		
Classification - Implication		Mode of Response
☐ Ministerial / Minor ☒ Land Use Policy ☐ Social Policy ☐ Budget Policy ☐ Other: _____		☐ Memo ☒ Board Report ☐ Presentation
		Requested Response Timeline
		☐ 2 weeks ☒ 1 month ☐ 6 weeks ☐ Status reports until completed ☐ Other: ASAP ☐ Specific Date: _____

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

Department(s): PWFP	Referral Lead: Randy Ishii	Board Date: 09/16/25
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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: _____ Date: _____	Department's Recommended Response Timeline ☐ By requested date ☐ 2 weeks ☐ 1 month ☐ 6 weeks ☐ 6 months ☐ 1 year ☐ 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 Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.