***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth Street, Room 201*

*Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Regular** | | **x** | | | |  | | **Time Requested:** | | | | | | **5 min** | | | | | | **Meeting Date:** | | | | | **September 7, 2021** | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **County Clerk** | | | | | | | | | | | **Phone:** | | | **530-842-8084** | |
| **Address:** | | | | | **510 North Main Street Yreka CA 96097** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Laura Bynum, County Clerk** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appointment of one member to the scheduled vacancy on the Siskiyou County Assessment Appeals Board, for a term ending September 2, 2024. The Notice of Vacancy was posted at the Clerk’s Office, Courthouse, Library branches, County website and a press release was sent to the Siskiyou Daily and Southern Siskiyou News.  Members of the Assessment Appeals Board must have a minimum of five years professional experience in California as a Certified Public Accountant or Public Accountant, Licensed real estate broker, attorney, property appraiser accredited by a nationally recognized professional organization or a person who is possessed of competent knowledge of property appraisals and taxation. Proof of qualifications is required with application and members of the Assessment Appeals Board must file a Conflict of Interest Form (Form 700) when assuming office and annually. Once appointed, members must attend mandatory training provided by the State Board of Equalization.  At the time the agenda worksheet was created, the Clerk’s Office had not received any letters of interest in filling the position. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** | x | | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | |  | | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | |  | | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | | |  | |
| Account: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Activity Code: | | | | | |  | | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Appoint one member to the scheduled vacancy on the Siskiyou County Assessment Appeals Board, for a term ending September 2, 2024. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | |  | *Certified Minute Order(s)* | | | | |  | | | | *Quantity:* | |  |
| Auditor | | | | | | |  | | | | | | | | |  |  | | | | |  | | | |  | |  |
|  | | | | | | |  | | | | | | | | |  |  | | | | |  | | | |  | | |
| Personnel | | | | | | |  | | | | | | | | |  | *Other:* | |  | | | | | | | | | |
| CAO | | | | | | |  | | | | | | | | |  |  | | | | | | | | | | | |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 8/26/19