***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **15 Minutes** | **Meeting Date:** | **9/6/22** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Amanda Kimball General Service** | **Phone:** | **842-8272** |
| **Address:** | **190 Greenhorn Road** |
| **Person Appearing/Title:** | **Amanda Kimball Project Coordinator** |
| **Subject/Summary of Issue:** |
| First Reading of the Ordinance of the County of Siskiyou amending Gate fees at the various Siskiyou County Solid Waste Facilites.Board discussion, direction, posible action regarding the first reading of the Ordinance amending Gate Fees. Section Title 5, Chapter 6.102Amended Gate Fees:Tonnage from $73.00 to $90.00, Cubic yards from $8.40 to $10.00, Cubic Yards for when the scales are not working $32.70 to $38.90 |
| **Financial Impact:** |
| **NO** | [ ]  | *Describe why no financial impact:*       |
| **YES** | [x]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: | Unknown |  |  |  |  |
| Fund:  | 5350 |  | Description: | Sanitation | Org.: | 4040410 | Description: |       |
| Account: | Various |  | Description: | Sanitation |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: | 5350-404010-552130, 552140,552160, |
|       |
| **Recommended Motion:** |
| If the Board so desires: 1. Introduce, waive, and approve the first reading of the Ordinance of the County of Siskiyou amending Gate fees at the various Siskiyou County Solid Waste Facilities. 2. Direct the Clerk to schedule the second reading and public hearing on the ordinance as soon as possible.  |
| **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 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021