***Submit completed worksheet to:***

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

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[x]**  |  | **Time Requested:** | **10 Minutes** | **Meeting Date:** | **8/12/25** |
| ***OR*** |
| **Consent** | **[ ]**  |  |
| **Contact Person/Department:** | **Bryan Schenone, Director of Emergency Services** | **Phone:** | **530-841-2155** |
| **Address:** | **1312 Fairlane Rd Suite 8** |
| **Person Appearing/Title:** | **Bryan Schenone, Director of Emergency Services** |
| **Subject/Summary of Issue:** |
| Discussion, direction and possible action re draft letter to California Governor's Office of Emergency Services voicing opposition to denial of the County's State of Emergency request re illegal pesticide use in Siskiyou County. Further recommend, a letter stating the same be sent on behalf of the Board of Supervisors. |
| **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:** |
| .Discussion, direction and possible action re draft letter to California Governor's Office of Emergency Services voicing opposition to denial of the County's State of Emergency request re illegal pesticide use in Siskiyou County. Further recommend, a letter stating the same be sent on behalf of the Board of Supervisors. |
| **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