

County of San Diego Board of Supervisors
AGENDA ITEM INFORMATION SHEET

AGENDA ITEM SUBJECT/TITLE:
COMMUNICATIONS RECEIVED (DISTRICT: ALL)

REQUIRES FOUR VOTES:

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION §1000.1 REQUIRED:

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

NOTICED PUBLIC HEARING REQUIRED:

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

PROJECT UNDER CEQA:

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

If Yes, approval of CEQA document required?

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

DECISION WITHIN GOVERNMENT CODE SECTION 84308:

| | | | |
|-----|--------------------------|----|-------------------------------------|
| Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
|-----|--------------------------|----|-------------------------------------|

PREVIOUS RELEVANT BOARD ACTIONS:

N/A

BOARD POLICIES APPLICABLE:

N/A

BOARD POLICY STATEMENTS:

N/A

MANDATORY COMPLIANCE:

N/A

ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):

N/A

ORIGINATING DEPARTMENT: CLERK OF THE BOARD OF SUPERVISORS

OTHER CONCURRENCE(S): **NONE**

INTERNAL REVIEW COMPLETED: **YES** **NO**

Signature

CONTACT PERSON(S):

Ryan Sharp

Name
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Name

Phone

Phone

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E-mail

E-mail



Signature

Signature