Les Baugh
County Member

Larry Farr
City Member

James Yarbrough
City Member

Irwin Fust
Special District Alternate

Pam Giacomini
County Member Alternate

Brenda Haynes
Special District Member

Rick Bosetti
City Member

David Kehoe
County Member

Stephen Morgan
Special District Member

Dick Fyten
Public Member

Bob Richardson
Public Member Alternate

Jan Lopez
Executive Officer

NOTICE OF INTENT TO ADOPT - STATUTORY EXEMPTION

To: Affected and Interested Agencies and Persons

From: Shasta LAFCO
Local Agency Formation Commission
2516 Goodwater Avenue, Suite A
Redding, CA 96002

Project Title: City of Anderson MSR/SOI Update 2014

Project Location-Specific: District encompasses all of Shasta County, with services provided in zones established by its board of directors.

Project Location – City: Anderson Project Location – County: Shasta County

Description of nature, purpose and beneficiaries of project: Establish Municipal Service Review and Sphere of Influence boundary update pursuant to G.C. 56425. This project does not include any boundary changes. Please see Exhibit A, Map of Sphere of Influence Update attached herewith and incorporated by reference.

Name of Public Agency Approving Project: SHASTA LAFCO

Name of Person or Agency Carrying out the project: SHASTA LAFCO

Exempt Status (check one)

- ❑ Ministerial (Section 21080(b)(1); 15268);
- ❑ Declared Emergency (Section 21080(b)(3); 15269(a);
- ❑ Emergency Project (Section 21080(b)(4); 15269(b)(c);
- ❑ Categorical Exemption. *State type and section number* :_____
- ❑ Statutory Exemption. *State code number* : Guidelines Section 15262 - Feasibilities & Planning Studies (Section 21083, Public Resources Code)

Reasons why project is exempt:
Project comprised of studies and evaluations and establishment of planning boundary for future growth pursuant to the requirements of G.C. 56425. There is no material effect on lands within the study area.

Lead Agency
Contact Person: Jan Lopez Phone: 530-242-1112

Signature: _____
Title of Person: Executive Officer Date: _____