

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
 Dept. Contact: Tim Prudhel
 Phone: x5974
 Department Head
 Signature: *T. Prudhel 05-06-09*
 Tim C. Prudhel
 Contract Services Officer

CONTRACTOR:

Name: Assessment Resolution and Hearing - CSA #9
 Address: Drainage Zones of Benefit, fiscal year 2009/2010
 Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____
 Contract Term: _____ Contract/Amendment Amount: \$ _____
 Compliance with Human Resources Requirements? Yes: N/A No: _____
 Compliance verified by: Contract Notification Sent _____; HR Response Received _____
 OK per N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/11/09 By: D. Livingston ^{DM}
 Approved: _____ Disapproved: _____ Date: _____ By: _____

SAME CHANGES AS NOTED ON RESO # 09-41303 Changes made as recommended - 5/15/09

Index Code: Special Districts - No Charge User Code: _____

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO DOT

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).

Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

