

Agenda Date: \_\_\_\_\_ Due to CAO: \_\_\_\_\_ Due to BOS: \_\_\_\_\_ Contract #: \_\_\_\_\_  
Amendment: \_\_\_\_\_

# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**  
Department: Development Services  
Dept. Contact: Peter Maurer  
Phone #: 5331  
Department Head Signature: *Roger Maurer*

**CONTRACTOR:**  
Name: Tahoe Regional Planning Agency  
Address: 128 Market Street / P.O. Box 531  
Stateline, NV 89449  
Phone #: 775-588-4547

EL DORADO COUNTY COUNSEL  
2008 NOV 12 PM 4:55

**CONTRACTING DEPARTMENT:**  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL: (Must approve all contracts and MOU's)**  
Approved: X Disapproved: \_\_\_\_\_ Date: 11/14/08 By: *PJJ*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved as to form.

RECEIVED  
PLANNING DEPARTMENT  
09 DEC 11 AM 11:37

**RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)**  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL (Specify department(s) participating or directly affected by this contract)**  
Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_