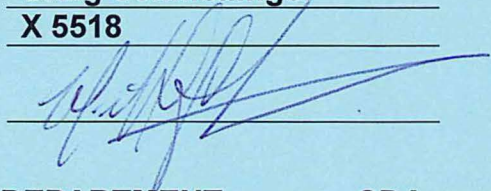


CONTRACT ROUTING SHEET

Date Prepared: 11/23/2015

Need Date: 11/30/2015

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Craig Schmollinger
Phone #: X 5518
Department Head Signature: 

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CDA

Service Requested: Legal Review and Consultation on TIM Fee Refund Resolution
Contract Term: 1-year Contract/Amendment Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 12/1/15 By: D. Livingston DM
Approved: Disapproved: Date: _____ By: _____

**Revised
↳ Revisions made as noted.
↳ C. Schmollinger*

RISK MANAGEMENT: *→ Not Needed* (All contracts and MOU's except boilerplate grant funding agreements)

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

EL DORADO COUNTY COUNSEL
2015 NOV 24 AM 8:01

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

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