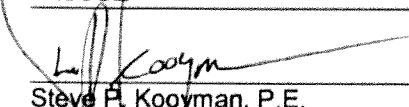


Counsel please include this information in your billing description.	>	Resolution #: 13-41413	Legistar #	P&C # NA
	>	Index Code: 306410	Charge To #: 99437 A	
	>	Project Description: Resolution for Seasonal Road Closures Within the Crystal Basin		
	>			

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
 Dept. Contact: Steve/Kooyman  
 Phone: x5932  
 Department Head  
 Signature:   
 Steve P. Kooyman, P.E.  
 Acting Deputy Director, Engineering,  
 Transportation Planning & Land Development

**CONTRACTOR: NA**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Transportation

Service Requested of Counsel/Risk: Review & Approve -

Contract Term: NA Contract Amount: \$0

Compliance with Human Resources Requirements? Yes: X No: \_\_\_\_\_

Compliance verified by: NA - Resolution

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 2/6/13 By: D. Livingston  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*\* AS REVISED*

*RETURN DIRECTLY TO DOT.*

**Please forward to Risk Management upon approval.**

**RISK MANAGEMENT:** (All contracts and MOUs 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: \_\_\_\_\_