

Contract #: _____

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: County Counsel
Dept. Contact: Trish Beck
Phone #: 621-5770
Department Head _____
Signature: _____

CONTRACTOR:

Name: N / A - RESOLUTION
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Department of Transportation

Compliance with Human Resources requirements? Yes: No:
Compliance verified by: _____

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

Approved: ✓ Disapproved: Date: 3/7/2007 By: Trish Beck
Approved: Disapproved: Date: By:

ASSIGNMENT

DATE: 3-7-07
ATTORNEY: PEB
DEPT./INDEX NO.: 306500
BY: TRB

EL DORADO COUNTY COUNSEL
2007 MAR - 7 AM 10:18

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: