

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Michele Smith
Phone: X4937
Department Head
Signature: *Tom Celio*
Tom Celio
Deputy Director, Maintenance and Operations

CONTRACTOR:

Name: Assessment Resolution
and Hearing - CSA #2
Address: Road Zones of Benefit, fiscal
year 2011/2012
Phone: 642-4905

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: 5/11/11 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

SEE REVISIONS. - Revised as recommended 5/23/11 G
_____ recommended
_____ 5/23/11 G
_____ 2011 APR 26 PM 2:20
_____ EL DORADO COUNTY COUNSEL

Index Code: <u>Various - Special Districts</u>	User Code: <u>No Charge</u>
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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: _____