Contract #: 06 - 1350

Item Submitted: US Hwy 50/Missouri Flat Rd. Interchange Project #71317;

Acquisition Agreement For Public Purposes; Wix, APN #327-130-21

CONTRACT ROUTING SHEET				
PROCESSING DE	PARTMENT: DOT	CONTRA	CTOR:	OR ADO
Department:	Transportation	Name:		nia Wix
Dept. Contact:	Pete Feild	_	Husband and Wife	
Phone:	Jeff Moore		Tenants	- 4
	Ext. 7666/6055	Address:		ve
Department Head	α		Shingle Springs, C	
Signature:	Yankur\	Phone:		(D) (S)
	Richard W. Shepard, P.E.			- 1
	Director of Transportation			
	EPARTMENT: Transportation			
	uman Resources requiremen	its? Yes: _	No:	X
Compliance verified	d by: Master Routing List			
COUNTY COUNTY			· ·	
Annayari	EL: (must approve all contrac	cts and MOU:		NAS
Approved:	Disapproved: I			
Approved:	Disapproved:	Date:	By:	
PLEASE FORWAR	RD TO RISK MANAGEMENT	: N/A per Ma	aster Routing List	
	RD TO RISK MANAGEMENT			
PLEASE FORWAR		: N/A per Ma		
Index Code: 305	100			
Index Code: 305	100 :NT:	User Code:	71317J	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved:	INT: Disapproved:	User Code:	71317J By:	
RISK MANAGEME Approved: Approved:	INT: Disapproved: [Disapproved: [User Code:	71317J By: By:	
RISK MANAGEME Approved: Approved: OTHER APPROVA Department(s):	INT: Disapproved: [Disapproved: [Disapproved: [AL (Specify department(s) partment(s))	User Code:	71317J By: By:	
RISK MANAGEME Approved: Approved: OTHER APPROVA Department(s):	INT: Disapproved: [Disapproved: [Disapproved: [AL (Specify department(s) partment(s))	User Code: Date: prticipating or e	71317J By: By: By:	his contract).
RISK MANAGEME Approved: Approved: OTHER APPROVA Department(s):	INT: Disapproved: [Disapproved: [Disapproved: [AL (Specify department(s) partment(s))	User Code: Date: rticipating or o	71317J By: By: directly affected by t	his contract).
RISK MANAGEME Approved: Approved: OTHER APPROVA Department(s):	INT: Disapproved: [Disapproved: [AL (Specify department(s) paid to be a partment of the content o	User Code: Date: rticipating or o	71317J By: By: By:	his contract).
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