

RESOLUTION ROUTING SHEET

Date Prepared: 04/22/2022

Need Date: 05/06/2022

PROCESSING DEPARTMENT:

Department: Environmental Management
Dept. Contact: Monica Smithcamp
Phone: 530-621-6664
Department
Head Signature: 


CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: N/A
Project String: _____

CONTRACTING DEPARTMENT: Environmental Management

Service Requested: Resolution Review – Annual Report of Benefit Assessments CSA #10
Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: _____ Date: 5/2/2022 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: N/A (Resolution)
RISK MANAGEMENT: N/A (Resolution)

PLEASE CALL ELIZABETH HESS (x5178) FOR PICK-UP...THANKS!