

Legistar No.: 23-0159

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 01/18/23

Need Date: 01/19/23

PROCESSING DEPARTMENT:

Department: CAO

Contact Name: Tiffany Schmid

Phone: x-5196

Email Address: tiffany.schmid@edcgov.us

Department Head Signature: 


Requesting Department: CAO Org Code: _____

Service Requested: Resolution Review

Description:
Please review the revisions noted in track changes.

COUNTY COUNSEL:

Approved: Disapproved: Date: 1/18/23

County Counsel Signature: D. LIVINGSTON 

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT