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| Counsel please include this information in your billing description. | Resolution #: XXX-2017 | Legistar # 17-0582 | P&C # N/A |
| | Index Code: 424100 | Charge To #: 98920A | |
| | Project Description: | Resolution Confirming Report of Delinquent Mandatory Refuse Collection Fees as Special Assessments for the 2017-2018 Fiscal Year | |

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: CDS Admin & Finance
 Dept. Contact: Elizabeth Zangari
 Phone: X7595

CONTRACTOR:

Name: Resolution Confirming Report of Delinquent Fees as
 Address: Special Assessments for 2017-2018 Fiscal Year

Authorized Signature: *Karen E. Coleman* Phone: X 6050
 Karen Coleman
 Chief Fiscal Officer, CDS Administration & Finance

CONTRACTING DEPARTMENT: CDS Administration & Finance

Service Requested of Counsel/Risk: Review & Approve
 Contract Term: _____ Contract/Amendment Amount: \$ _____
 Compliance with Human Resources Requirements? Yes: N/A No: _____
 Compliance verified by: N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 6/17/17 By: Bre Moebius
 Approved: _____ Disapproved: _____ Date: _____ By: _____

*Please see edits on draft
 Edits made as indicated. Cag 6/20/17*

DO COUNTY COUNSEL
MAY 19 PM 1:47

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 COMMUNITY DEVELOPMENT SERVICES, ADMINISTRATION AND FINANCE

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).

Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____