

Legistar No.: 24-1480

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 8/9/24

Need Date: 8/9/24

PROCESSING DEPARTMENT:

Department: Public Health

Contact Name: Alisha Bryden

Phone: X7317

Email Address: alisha.bryden@edcgov.us

Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.08.09 08:58:34 -07'00'

Requesting Department: HHSA Contrats Unit Org Code: 5000

Service Requested: Resolution Review

Description:

Ratification Resolution for Public Health Officer Declaration of Emergency

COUNTY COUNSEL:

Approved: ☒ Disapproved: ☐ Date: 08-09-2024

County Counsel Signature: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.08.09 09:36:53 -07'00'

County Counsel Comments:

with edits noted in email.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT