

**REVIEW AND APPROVAL REQUESTED FOR:**

Contract

Amendment

Resolution

Ordinance

Policy

Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT**

Department: \_\_\_\_\_

Org Code: \_\_\_\_\_

Dept Contact: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Phone: \_\_\_\_\_

PL String: \_\_\_\_\_

Dept. Signature: \_\_\_\_\_

Legistar #: \_\_\_\_\_

Title: \_\_\_\_\_

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

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**COUNTY COUNSEL**

Approved Disapproved Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved Disapproved Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

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**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved Disapproved Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved Disapproved Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS**

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