

CONTRACT ROUTING SHEET

Date Prepared: August 1, 2012 Need Date: August 7, 2012

PROCESSING DEPARTMENT:
 Department: Development Services
 Dept. Contact: Char Tim
 Phone #: X5351
 Department Head Signature: *[Signature]*

CONTRACTOR:
 Name: **** Sign Moratorium Urgency
 Address: Ordinance
 Phone: _____

CONTRACTING DEPARTMENT:
 Service Requested: _____
 Contract Term: _____ Contract Value: \$0.00
 Compliance with Human Resources requirements? Yes: _____ No: _____
 Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: X Disapproved: _____ Date: 8/1/12 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
 Departments: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____