REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☑ Resolution ☐ Ordinance ☐ Policy ☐ Other

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/13/25 Need Date: _____

PROCESSING DEPARTMENT

Department: Auditor-Controller
Dept Contact: Sonja Cook
Phone: x5421
Dept. Signature: Sonja Cook for Joe Harn Digitally signed by Sonja Cook for Joe Harn Date: 2025.08.13 10:29:27 -07'00'
Title: Administrative Analyst II

Org Code: 0300000
Funding Source: _____
PL String: _____
Legistar #: 25-1245

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: Resolution of Formation of Community Facilities Distric
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Please review the attached Resolution.

COUNTY COUNSEL

Approved ☑ Disapproved ☐ Date: 8/15/25 By: Janeth D. SanPedro Digitally signed by Janeth D. SanPedro Date: 2025.08.15 13:47:45 -07'00'
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS _____

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 _____