

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Tim Prudhel
Phone: x5974
Department Head
Signature: *T. Prudhel 05/06/09*
Tim C. Prudhel
Contract Services Officer

CONTRACTOR:

Name: Assessment Resolution and Hearing - CSA #9
Address: Lighting Zones of Benefit, fiscal year 2009/2010
Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____

Contract Term: _____ Contract/Amendment Amount: \$ _____

Compliance with Human Resources Requirements? Yes: N/A No: _____

Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/11/09 By: D. Livingston DM
Approved: _____ Disapproved: _____ Date: _____ By: _____

SAME CHANGES AS NOTED ON RESO #09-41303.

changes made as recommended. 5/15/09
DM

Index Code: <u>Special Districts - No Charge</u>	User Code: _____
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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 DOT

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

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