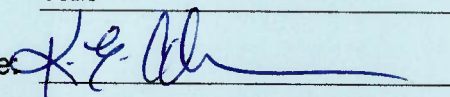


# CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: 04/07/2023

Need Date: 04/14/2023

**PROCESSING DEPARTMENT:**

Department: TTC  
Dept. Contact: Beverly Savage  
Phone: 5823  
Department \_\_\_\_\_  
Head Signature: 

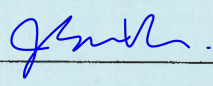
**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 040000  
Project String \_\_\_\_\_  
(if applicable): \_\_\_\_\_

**CONTRACTING DEPARTMENT:** TTC

Service Requested: Ordinance Review  
Description: Fee Ordinance -- Minor Revisions  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

**COUNTY COUNSEL:** (must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 4/25/2023 By:   
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With edits as noted on the draft - jds

**COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!**

**HR APPROVAL:**

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

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE EMAIL SIGNED DOCUMENT TO: beverly.savage@edcgov.us

THANK YOU!