

CONTRACT ROUTING SHEET

Date Prepared: November 4, 2014

Need Date: November 17, 2014

PROCESSING DEPARTMENT:

Department: CDA/EMD
Dept. Contact: Gerri Silva
Phone #: x. 6653
Department
Head Signature: *Gerri Silva*

CONTRACTOR:

Name: Amador Disposal Service
Address: 4100 Throwita Way
Placerville, CA 95667
Phone: 530-295-4141

CONTRACTING DEPARTMENT: Second Amendment to Amador Franchise Agreement

Service Requested: Please Review & Approve
Contract Term: Thru December 31, 2015 Contract Value: _____
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 11/12/2014 By: *J. S. ...*
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: 11/13/14 By: *...*
Approved: ✓ Disapproved: _____ Date: 11/17/14 By: *...*
nothing for risk

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE RETURN TO CDA/EMD UPON APPROVAL. THANK YOU.

EL DORADO COUNTY COUNSEL
11 NOV 13 PM 3:14
11 NOV 13 AM 11:53
11 NOV 17 AM 11:25