


# CONTRACT ROUTING SHEET

Date Prepared: 1/30/18

Need Date: For BOS Mtg. 3/<sup>20</sup>12/18

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department Authorization: 

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Resolution Increasing Development Impact Fees for EDH Fire  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 8/13/18 By: B. [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved as to form.  
Please see edits on draft and attached memo.

EL DORADO COUNTY COUNSEL  
2018 JAN 30 PM 4:32

Legistar File # 18-0232