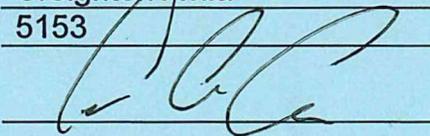


# CONTRACT ROUTING SHEET

Date Prepared: 8/4/17

Need Date: 8/4/17

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Creighton Avila  
Phone #: 5153  
Department \_\_\_\_\_  
Head Signature: 

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Service Requested: Ordinance for illegal camping  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 8/4/17 By: Bre Moeblus  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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