

Legistar No.: \_\_\_\_\_

Resolution No.: \_\_\_\_\_

# RESOLUTION ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

## PROCESSING DEPARTMENT:

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department Head Signature: Kim Dawson

Requesting Department: \_\_\_\_\_ Org Code: \_\_\_\_\_

Service Requested: Resolution Review

Description:

## COUNTY COUNSEL:

Approved:

Disapproved:

Date: 10/27/22

County Counsel Signature: D. LIVINGSTON *DL*

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

**PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT**