

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Tim Prudhel
Phone: x5974
Department Head
Signature: *T. Prudhel 05.06.09*
Tim C. Prudhel
Contract Services Officer

CONTRACTOR:

Name: Assessment Resolution and Hearing – CSA #2
Address: Road Zones of Benefit, fiscal year 2009/2010
Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____
Contract Term: _____ Contract/Amendment Amount: \$ _____
Compliance with Human Resources Requirements? Yes: N/A No: _____
Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____ N/A - Resolution _____

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/11/09 By: D. Livingston DR
Approved: _____ Disapproved: _____ Date: _____ By: _____

SEE HANDWRITTEN REVISIONS.

revisions made as recommended
by 5/14/09

Index Code: <u>Special Districts – No Charge</u>	User Code: _____
--	------------------

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

RISK MANAGEMENT REVIEW NOT REQUIRED – PLEASE RETURN DIRECTLY TO DOT

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

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____