


# CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: Transportation  
Dept. Contact: Michele Smith  
Phone: X4937  
Department Head  
Signature:   
Tom Celio  
Deputy Director, Maintenance and Operations

**CONTRACTOR:**

Name: Assessment Resolution and Hearing - CSA #9  
Address: Lighting Zones of Benefit, fiscal year 2010/2011  
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: 5/24/10 By: D. Lindgren  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

REC'D  
2010 MAY 12 PM 1:54  
COUNTY COUNSEL

Index Code: <u>Various - Special Districts</u>	User Code: <u>No Charge</u>
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**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

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

REC'D  
2010 MAY 12 PM 1:54  
COUNTY COUNSEL

**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: \_\_\_\_\_