# RESOLUTION ROUTING SHEET 

Date Prepared: 0

## PROCESSING DEPARTMENT:

Department: Environmental Management
Contact Name:
Department Head Signature: Jeffrey Warren, REHS, Director $\begin{aligned} & \text { Digitally signed by Jeffrey Warren, REHS, Director } \\ & \text { Date: 2024.04.04 11:26:29-07700 }\end{aligned}$
Requesting Department: Environmental Management
$\qquad$ Org Code:
Service Requested: Resolution Review
Description:
Resolution Review for Annual Report of Benefit Assessments in CSA 10. Need Date: 04/19/2024

## Phone:

N/A

## COUNTY COUNSEL:

Approved: $\square$ Disapproved: $\square$ Date: $\frac{\text { April 26, } 2024}{\text { Digitally signed by Ted Wood }}$| Ted WoOd |
| :--- |
| Date: 2024.04.26 14:57:00 -07'00' |

County Counsel Signature: Ted

County Counsel Comments:
Approved as to form - TDW

HR APPROVAL: N/A (Resolution)

