

Legistar No.: 24-0967

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

# RESOLUTION ROUTING SHEET

Date Prepared: 5/15/24

Need Date: 5/29/24


**PROCESSING DEPARTMENT:**

Department: CAO - EMS Division

Contact Name: Sue Hennike

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Email Address: Sue.Hennike@edcgov.us

Department Head Signature: 

Requesting Department: CAO - EMS Division Org Code: 1210100

Service Requested: Resolution Review

Description:  
Review Fiscal Year 2024-2025 CSA 3 Benefit Assessment Resolution

**COUNTY COUNSEL:**

Approved:  Disapproved:  Date: 05/16/2024

County Counsel Signature: Kathleen Markham Digitally signed by Kathleen Markham  
Date: 2024.05.16 16:37:10 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

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