

CONTRACT ROUTING SHEET**PROCESSING DEPARTMENT:**

Department: Sheriff
 Dept. Contact: MARY Pierce
 Phone #: X5691
 Department Head James A. [Signature]
 Signature: _____

CONTRACTOR:

Name: STATE OFFICE Emergency SVCS.
 Address: 3650 Schriever Avenue
Mather, CA
 Phone: 916 845-810

CONTRACTING DEPARTMENT:

Compliance with Human Resources requirements? Yes: ____ No: ____
 Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ☒ Disapproved: _____ Date: 4-26-07 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
 2007 APR 24 AM 10:34
 [Signature]

ASSIGNMENT

DATE: 04/26/07
 ATTORNEY: ED Knapf
 DEPT./INDEX NO.: 241110
 BY: [Signature]

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ☒ Disapproved: _____ Date: 4/27/07 By: [Signature]
 Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
 HUMAN RESOURCES DEPT
 APR 27 AM 8:04

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

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