

Legistar No.: 22-1132

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 4/18/2022

Need Date: 6/01/22

PROCESSING DEPARTMENT:

Department: CAO - EMS Division

Contact Name: Michelle Patterson

Phone: 530-621-6505

Email Address: michelle.patterson@edcgov.us

Department Head Signature: _____

Requesting Department: CAO - EMS Division Org Code: 1210100

Service Requested: Resolution Review

Description:
Review Fiscal Year 2022-2023 CSA 3 Benefit Assessment Resolution

COUNTY COUNSEL:

Approved: Disapproved: Date: 06/17/2022

County Counsel Signature: Kathleen Markham Digitally signed by Kathleen Markham
Date: 2022.06.17 10:36:52 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT