

CONTRACT ROUTING SHEET

Date Prepared: April 14, 2014

Need Date: April 25, 2014

PROCESSING DEPARTMENT:

Department: CDA/Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department: _____

Head Signature: *Regin Smith 5369*

CONTRACTOR:

Name: **DA13-0001/Alto LLC

Address: Tentative Map Development

Agreement

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 4/25/14 By: D. Livingston

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

EL DORADO COUNTY COUNSEL
25 APR 14 PM 3:31

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

Approved: N/A Disapproved: _____ Date: _____ By: _____

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

RECEIVED
PLANNING DEPARTMENT
14 APR 29 AM 11:29

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

Departments: _____

Approved: N/A Disapproved: _____ Date: _____ By: _____

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