

CONTRACT ROUTING SHEET

Date Prepared: 7/27/20

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone #: 5577
Department
Authorization: *Spruki*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review amendments to Ambulance Ordinance to comply with stipulated settlement agreement with CalEMSA

Contract Term: N/A Contract Value: \$N/A

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

Compliance verified by: _____

COUNTY COUNSEL:

Approved: Disapproved: _____ Date: 9/22/20 By: K. Markham
Approved: _____ Disapproved: _____ Date: _____ By: _____

Multiple drafts were submitted for review

EDC COUNTY COUNSEL
2020 JUL 27 AM 11:16