

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 6/17/25Need Date: 6/24/25**PROCESSING DEPARTMENT**

Department: Sheriff's Office  
Dept Contact: Katie Cruickshank  
Phone: 530-621-5609  
Dept. Signature: Monica Ferguson Digitally signed by Monica Ferguson  
Date: 2025.06.17 07:28:00 -07'00'  
Title: \_\_\_\_\_

Org Code: 2420200  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 25-1345

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_ CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: Sheriff's Office  
Contractor/Vendor Name: Department of Alcoholic Beverage Control  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_  
NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Review resolution for Alcohol Policing Partnership administered by Department of Alcoholic Beverage Control  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 6/25/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Stephen L. Mansell Digitally signed by Stephen L. Mansell  
Date: 2025.06.25 14:30:43 -07'00'  
By: \_\_\_\_\_

**COMMENTS** Approved as revised.  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRACT AMENDMENT ONLY****HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☐ No: ☐  
Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved ☐ Disapproved ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_ By: \_\_\_\_\_

**COMMENTS** \_\_\_\_\_  
\_\_\_\_\_