

CONTRACT ROUTING SHEET

Date Prepared: 07/01/08

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: Mary Pierce
Phone #: X 5691
Department Head Signature: *[Signature]*

CONTRACTOR:

Name: City of South Lake Tahoe
Address: 1901 Airport Road
South Lake Tahoe, CA 96150
Phone: 530-542-6062

DORADO COUNTY CORRECTOR
2008 JUL -1 AM 11:25

CONTRACTING DEPARTMENT: Sheriff

Service Requested: Reimbursement agreement for reverse 911 notification system
Contract Term: _____ Contract Value: \$117,000
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8-19-08 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

**Note - This financial agreement accompanies a separate operating MOU*

DORADO COUNTY CORRECTOR

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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