

Legistar No.: _____

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____

Contact Name: _____ Phone: _____

Email Address: _____

Department Head Signature: _____

Requesting Department: _____ Org Code: _____

Service Requested: Resolution Review

Description:

COUNTY COUNSEL:

Approved: ☐ Disapproved: ☐ Date: _____

County Counsel Signature: _____

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT