

CONTRACT ROUTING SHEET

Date Prepared: 3/31/11

Need Date: 4/7/11

PROCESSING DEPARTMENT:

Department: Development Services
Dept. Contact: Beverly Savage
Phone #: 5324
Department
Head Signature: *Roger Thoms*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review draft Ordinance for 2-year permit extensions
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: X Date: 4/4/11 By: *[Signature]*
Approved: X Disapproved: _____ Date: 4/8/11 By: *[Signature]*

See comments attached
4/7 - Revised and resubmitted
4/8 See minimal comments on ord

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: _____

EL DORADO COUNTY COUNSEL
2011 MAR 31 PM 2:14
EL DORADO COUNTY COUNSEL
2011 APR -4 PM 2:47

EL DORADO COUNTY COUNSEL
2011 APR -7 AM 8:03