

CONTRACT ROUTING SHEET

Date Prepared: 12/15/11

Need Date: _____

PROCESSING DEPARTMENT:
 Department: County Counsel
 Dept. Contact: Lou Green
 Phone #: (530) 621-5770

Department

Head Signature: **CONTRACTOR:**
 Name: Abigail L. Roseman
 Address: P.O. Box 959
Georgetown, CA 95634

Phone:

CONTRACTING DEPARTMENT: County CounselService Requested: Legal Services to represent County as co-counsel with County Counsel

Contract Term: _____

Compliance with Human Resources Requirements? ()

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: ✓ Disapproved: _____ Date: 12/15/11 By: LBR
 Approved: _____ Disapproved: _____ Date: _____ By: _____
Assignment
 Date: _____
 Atty: _____
 Index #: _____
 By: _____
FORWARD TO RISK MANAGEMENT? YES**RISK MANAGEMENT:** (All contracts & 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).
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____