

Contract #: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: 06/21/2010

Need Date: 06/29/2010

*Please Rush* ↗

**PROCESSING DEPARTMENT:**

Department: Development Services  
Dept. Contact: Roger Trout  
Phone #: 5369  
Department Head Signature: [Signature]

**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Development Services - Planning Fee Resolution

Service Requested: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract/Amendment Value: \_\_\_\_\_

Compliance with Human Resources requirements? Yes:  No:

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved:  Date: 7/18/10 By: [Signature]  
Approved:  Disapproved:  Date: 7/23/10 By: [Signature]  
Date: 7/27/10 By: [Signature]

*See comments*  
EL DORADO COUNTY COUNSEL  
2010 JUL 19 4:10:00

EL DORADO COUNTY COUNSEL  
2010 JUN 21 PM 1:37

**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: \_\_\_\_\_