

CONTRACT ROUTING SHEET

Date Prepared: 5/6/20

Need Date: BOS date 6/9/20

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone #: 5577
Department Authorization: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review Resolution Increasing Fire Development Impact Fees

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL:

Approved: X Disapproved: _____ Date: 5/19/20 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

*Please see and incorporate
edits on draft. Please
see enclosed comment.*

EDC COUNTY COUNSEL
2020 MAY 6 PM 1:08