

CONTRACT ROUTING SHEET

Date Prepared: 4/11/11

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Development Services

Dept. Contact: Peter Maurer

Phone #: x5331

Department: _____

Head Signature: *Peter Maurer* 4-11-11

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review draft language to extend tentative maps

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: _____ Date: 4-12-11 By: *Cal Kraus**

Approved: _____ Disapproved: _____ Date: _____ By: _____

** Gov. Code §§ 66452.6(c) and 66463.5(c) each say if an extension is denied, the applicant can appeal to the BOS within 15 days. County Ordinance Code says 10 days (§16-24.075 B). State law prevails. I advise you change the TM condition, §6, to say 15 days.*

CORADO COUNTY COUNSEL
11 APR 11 PM 3:58

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: _____