

Franchise Agmt # _____

Legistar # _____

FRANCHISE AGREEMENT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: _____

Name: _____

Dept. Contact: _____

Address: _____

Phone: _____

Phone: _____

Department _____

Head Signature: _____

Org Code: _____

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: _____

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

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

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

HR APPROVAL: N/A - Franchise Agreement

RISK MANAGEMENT: N/A - Franchise Agreement

PLEASE EMAIL tom.meyer@edcgov.us ONCE COMPLETED. Thank you!