

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: \_\_\_\_\_

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**HR APPROVAL:** N/A - Franchise Agreement

**RISK MANAGEMENT:** N/A - Franchise Agreement

**PLEASE EMAIL [tom.meyer@edcgov.us](mailto:tom.meyer@edcgov.us) ONCE COMPLETED. Thank you!**