RESOLUTION ROUTING SHEET

Date Prepared: 06/15/21 **Need Date:** 06/16/21

PROCESSING DEPARTMENT:
Department: CAO
Dept. Contact: Clay Russel I
Phone: X5117
Department Head Signature:

CONTRACTOR:
Name: N/A
Address:
Phone:
Org Code: 02-00000
Project String:

CONTRACTING DEPARTMENT: CAO
Service Requested: Review resolution (D. Livingston's language)
Contract Term: N/A Contract Value: N/A

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: Date: 6/16/21 By: D. Livingston
Approved: Disapproved: Date: By:

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

EDC COUNTY COUNSEL
2021 JUN 15 AM11:04

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x_____ FOR PICK-UP…THANKS!