

Legistar No.: \_\_\_\_\_

Resolution No.: \_\_\_\_\_

# RESOLUTION ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: \_\_\_\_\_

## PROCESSING DEPARTMENT:

Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Requesting Department: \_\_\_\_\_ Org Code: \_\_\_\_\_

Service Requested: Resolution Review

Description:

## COUNTY COUNSEL:

Approved: ☐ Disapproved: ☐ Date: \_\_\_\_\_

County Counsel Signature: \_\_\_\_\_

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

**PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT**