

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Tim Prudhel
Phone: x5974
Department Head
Signature: [Signature] 05-08-08
Tim C. Prudhel
Contract Services Officer

CONTRACTOR:

Name: Assessment Resolution and Hearing - CSA #9
Address: Drainage Zones of Benefit fiscal year 2008/09
Phone: _____

ESSEX COUNTY COURTHOUSE
08 MAY - 8 PM 3:50
Quantity: 1 Mile

CONTRACTING DEPARTMENT: Transportation

Service Requested: _____
Contract Term: _____ Contract/Amendment Amount: \$ _____
Compliance with Human Resources Requirements? Yes: N/A No: _____
Compliance verified by: Contract Notification Sent; HR Response Received _____
OK per: N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 5/20/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 05/12/2008
ATTORNEY: PRICE L
DEPT. INDEX NO.: 306500
BY: [Signature]

Index Code: Special Districts - No Charge User Code: _____

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

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

RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO DOT

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
DOT
08 MAY 21 PM 1:06