

CONTRACT ROUTING SHEET

Date Prepared: 5/28/10

Need Date: 6/2/10

PROCESSING DEPARTMENT:

Department: Development Services
Dept. Contact: Beverly Savage
Phone #: 5324
Department
Head Signature: *Rogyn Hunt*

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

EL DORADO COUNTY COUNSEL
2010 MAY 29 PM 3:22

CONTRACTING DEPARTMENT:

Service Requested: Please place information on correct format for Ordinance.
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 6/8/10 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Title 2 and 15 Ordinance Code revisions. Ordinance summary and draft legistar attached.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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

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

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