

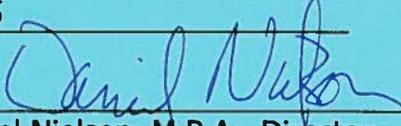
Purchasing Contract No: N/A - Resolution  
Index Code: 408110

# CONTRACT ROUTING SHEET

Date Prepared: July 10, 2012

Need Date: July 16, 2012

**PROCESSING DEPARTMENT:**

Department: HHSA / Public Health  
Dept. Contact: Zhana Mc Cullough  
Phone #: 6215  
Department  
Head Signature:   
Daniel Nielson, M.P.A., Director

**CONTRACTOR:**

Name: CSA 3 Benefit Assessment  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health and Human Services Agency – Public Health  
Service Requested: Resolution regarding Benefit Assessment fee on improved parcels in SLT  
Contract Term: Tax year 2012-2013 Contract Value: \$0  
Compliance with Human Resources requirements? Yes \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: N/A

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: X Disapproved: \_\_\_\_\_ Date: 7/12/12 By: 

CLERK OF SUPERIOR COURT  
2012 JUL 12 PM 2:05

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

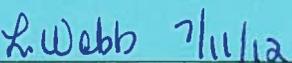
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Resolution – Does not require review by Risk Management.*

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

 7.10.12  
Contracts Review/date

 7/11/12  
Contracts Mgr Review/date