

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/05/2024

Need Date: 08/05/2024

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Tiffany Schmid
Phone: Ext. 5158
Department Head Signature: *Tiffany Schmid*

CONTRACTOR:

Name: El Dorado County Water Agency
Address: 1107 Investment Blvd., Suite 240
El Dorado Hills, CA 95762
Phone: (530) 621-5392
Org Code: 0200000
Project #
(if applicable): _____
Funding Source: N/A

CONTRACTING DEPARTMENT: CAO

Service Requested: MOU Review

Description: _____

Contract Term: Effective when executed, reconsidered every five (5) years beginning June 30, 2029 Contract Value: _____

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

Approved: Disapproved: Date: 8/5/24 By: DAL
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!