

ROUTING SHEET Resolution

Date Prepared: 5/23/2016

Need Date: ^{7th}06/02/2016

PROCESSING DEPARTMENT:

Department: Treasurer/Tax Collector
Dept. Contact: Mary Cloutier
Phone #: 5819
Department Head Signature: *M. Cloutier*

CONTRACTOR:

Name: Business License Fee
Address: Increased
Resolution
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review for form.
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: Disapproved: _____ Date: 6/9/16 By: *Justin Ken*

6/9 TC w/ M. Cloutier - will provide and corrected copies
Cost analysis has been reviewed by T Knowlton in CAO
6/9/16 Correction made - Mary C.

EL DORADO COUNTY COUNSEL
2015 JUN - 2 AM 11:16

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: _____