

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☒ Policy ☐ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 11/5/25Need Date: 11/20/25**PROCESSING DEPARTMENT**

Department: CAO  
Dept Contact: Tara Stout  
Phone: x5401  
Dept. Signature: Tara Stout  
Title: \_\_\_\_\_

Digitally signed by Tara Stout  
Date: 2025.11.05 12:40:18 -08'00'

Org Code: 0200000  
Funding Source: \_\_\_\_\_  
PL String: \_\_\_\_\_  
Legistar #: 25-1884

**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Fee Waiver Policy RevisionNUMBER (If Assigned): B-2**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

Review revisions to the B-2 Fee Waiver policy & fee waiver request form  
\_\_\_\_\_  
\_\_\_\_\_

**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 12/15/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: David Livingston  
By: \_\_\_\_\_

Digitally signed by David Livingston  
Date: 2025.12.15 16:44:32 -08'00'**COMMENTS****CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

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

**COMMENTS** \_\_\_\_\_