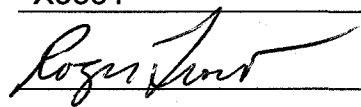


CONTRACT ROUTING SHEET

Date Prepared: October 15, 2012

Need Date: October 30, 2012

PROCESSING DEPARTMENT:

Department: Development Services
Dept. Contact: Char Tim
Phone #: X5351
Department
Head Signature: 

CONTRACTOR:

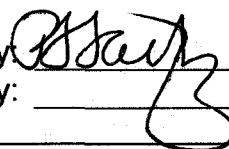
Name: ****Marijuana Cultivation
Address: Urgency Extension Ordinance
Phone: _____

EL DORADO COUNTY COUNSEL
2012 OCT 15 PM 1:41

CONTRACTING DEPARTMENT:

Service Requested: _____
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: 10/15/12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____