

CONTRACT ROUTING SHEET

Date Prepared: November 23, 2010

Need Date: Dec. 14, 2010

PROCESSING DEPARTMENT:

Department: Planning Services
Dept. Contact: Lillian MacLeod
Phone #: 621-6583
Department
Head Signature: *Roger [Signature]*

CONTRACTOR:

Name: Resolution - Agriculture
Address: District Boundary Amendment
Phone: _____

CONTRACTING DEPARTMENT: Planning

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: Disapproved: _____ Date: 12/6/10 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

10 DEC 20 11:11:45
RECEIVED
PLANNING DEPARTMENT

ELDORADO COUNTY COUNSEL
2010 NOV 29 PM 3:44

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 12/17/10 By: [Signature]
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: _____

10 DEC 16 PM 3:02