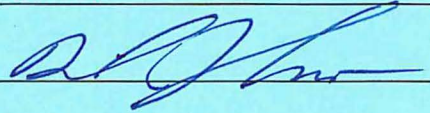


CONTRACT ROUTING SHEET

Date Prepared: 1/26/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Dave Johnston
Phone #: X7578
Department
Head Signature: 

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: AQMD

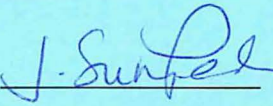
Service Requested: Review of Rule 523-1, Resolution and related staff report.

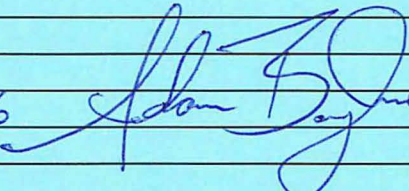
Contract Term: _____ Contract Value: _____ \$

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2/2/2016 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

With changes.
Changes made 2/3/2016 
EL DORADO COUNTY COUNSEL
2016 JAN 26 PM 1:30

PLEASE FORWARD TO RISK MANAGEMENT. N/A

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: _____