

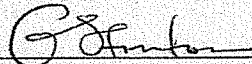
CONTRACT ROUTING SHEET

14-1047

Date Prepared: 4/24/17

Need Date: 5/4/17

PROCESSING DEPARTMENT:

Department: CDA/Environmental MGMT
Dept. Contact: Donna Cademartori
Phone #: X6664
Department
Head Signature: 

Contractor: Waste Connections, dba
Name: El Dorado Disposal
Address: 4100 Throwita Way
Placerville, CA 95667
Phone: 530-626-4141

CONTRACTING DEPARTMENT: CDA/Environmental Management

Service Requested: Review & approve resolution authorizing 1.51% rate increase to become effective July 1, 2017 (Areas A, B & C)

Contract Term: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A Franchise Rate Increase

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

Approved: X Disapproved: _____ Date: 4/28/17 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

Comments
Please see edits on draft
Comments addressed
5/1/17 DC

EL DORADO COUNTY COUNSEL
2017 APR 25 PM 1:44

Resolution – please do not forward to Risk

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: _____

PLEASE RETURN TO ENVIRONMENTAL MGMT UPON APPROVAL. THANK YOU.

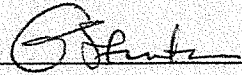
14-1047

CONTRACT ROUTING SHEET

Date Prepared: 4/24/17

Need Date: 5/4/17

PROCESSING DEPARTMENT:

Department: CDA/Environmental MGMT
Dept. Contact: Donna Cademartori
Phone #: X6664
Department
Head Signature: 

Contractor: Waste Connections of CA, dba
Name: El Dorado Disposal
Address: 4100 Throwita Way
Placerville, CA 95667
Phone: 530-626-4141

CONTRACTING DEPARTMENT: CDA/Environmental Management

Service Requested: Review & approve Resolutions authorizing 1.51% rate increase to become effective July 1, 2017 (Materials Recovery Facility)

Contract Term: N/A

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

Compliance verified by: N/A Franchise Rate Increase

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

Approved: X Disapproved: _____ Date: 4/28/17 By: Bre
Approved: _____ Disapproved: _____ Date: _____ By: _____

See edit on Draft.

Edits corrected
5/1/17 ac

EL DORADO COUNTY COUNSEL
2017 APR 25 PM 1:44

Resolution – please do not forward to Risk

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: _____

PLEASE RETURN TO ENVIRONMENTAL MGMT UPON APPROVAL. THANK YOU.