Agreement # _____

Legistar # _____

AGREEMENT **CONTRACT ROUTING SHEET**

Date Prepared: 08/19/2024

PROCESSING DEPARTMENT:

Need Date: 08/19/2024

CONTRACTOR:

| Department: Dept. Contact: Phone: Department Head Signature: | Assessor Jon DeVille 530-621-5757 | Name: Address: Phone: Org Code: Project # (if applicable | |
|--|--|---|--------------------|
| | DEPARTMENT: Assessor's Office | Funding So | urce: |
| | ess to property data and parcel mapping info | rmation for El Dorad | |
| Contract Term: P | | Contract Value: | |
| Approved: | SEL: (Must approve all contracts Disapproved: Disapproved: | and MOU's) _ Date: <u>8/20/2</u> _ Date: | 024 By: 905 By: |
| | WILL BE REVIEWED THROUG | | |

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: jon.deville@edcgov.us Thank you!