

Legistar No.: 23-1090

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 5/25/23

Need Date: 6/2/23

PROCESSING DEPARTMENT:

Department: CAO - EMS Division

Contact Name: Kristine Guth

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Email Address: kristine.oase@edcgov.us

Department Head Signature: _____

Requesting Department: CAO - EMS Division Org Code: 1210100

Service Requested: Resolution Review

Description:

Review Fiscal Year 2023-2024 CSA 3 Benefit Assessment Resolution

COUNTY COUNSEL:

Approved: ☒ Disapproved: ☐ Date: 06/01/2023

County Counsel Signature: Kathleen Markham Digitally signed by Kathleen Markham
Date: 2023.06.01 11:46:44 -07'00'

County Counsel Comments:

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT