

CONTRACT ROUTING SHEET

Date Prepared: 10/23/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts

Dept. Contact: Dustin Bailey

Phone #: 5833

Department _____

Head Signature: *[Signature]*
B. Bonnie H. Rich

CONTRACTOR:

Name: Building Department Services

Address: 4354 Town Center Blvd.

Suite 114-53

El Dorado Hills, CA 95762

Phone: 916-496-0274

RECEIVED
EL DORADO COUNTY COURSE
23 OCT 23 AM 10:30
[Signature]

CONTRACTING DEPARTMENT: Development Services

Service Requested: Plan review services

Contract Term: Two years Contract Value: \$80,000.00

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 10/29/07 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE: 10/23/2007
ATTORNEY: PATRICIA FRANTZ
DEPT./INDEX NO.: 0210100
BY: SD ghr ADJ

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 10/31/07 By: *[Signature]*

Approved: _____ Disapproved: _____ Date: _____ By: _____

Please do not proceed with contract services until you secure proof of updated insurance. updated certificate secured.

RECEIVED
HUMAN RESOURCES DEPT.
07 OCT 30 AM 10:30

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____