

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: DOT
 Department: **Transportation**
 Dept. Contact: **Debbie Gruber**
 XT 6519
 Phone: _____
 Department Head Signature: *Pete Feild*
 Pete Feild, R/W Manager
 XT 7666
 Richard W. Shepard, P.E.
 Director of Transportation
 (530) 621-5981

CONTRACTOR:
 Name: **Thomas Edson Shinn**
 Address: **El Dorado, CA 95623**
 Phone: **(530) 626-9188**

EL DORADO COUNTY COUNSEL
 2008 FEB 29 AM 10:08
Hand Returned

CONTRACTING DEPARTMENT: Transportation
 Compliance with Human Resources requirements? Yes: _____ No: _____
 Compliance verified by: _____

COUNTY COUNSEL: (must approve all contracts and MOUs)
 Approved: Disapproved: _____ Date: 3/3/08 By: Tush Beck
 Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT	DATE	ATTORNEY	DEPT. INDEX NO.	BY:
	<u>02/29/08</u>	<u>TRINITY</u>	<u>306370</u>	<u>[Signature]</u>

PLEASE FORWARD TO RISK MANAGEMENT NA

Index Code: 306370	User Code: 33225
---------------------------	-------------------------

RISK MANAGEMENT:
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).
 Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

2
 2008-3-11
 23
 FILED
 DOI