

Legistar No.: _____

Ordinance No.: _____

ORDINANCE ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____

Contact Name: _____

Phone: _____

Email Address: _____

Department Signature: _____

Requesting Department: _____ Org Code: _____

Service Requested: Ordinance Review

Description:

COUNTY COUNSEL:

Approved: Disapproved: Date: _____

County Counsel Signature: _____

County Counsel Comments:

HR APPROVAL: N/A (Ordinance)

RISK MANAGEMENT: N/A (Ordinance)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT