

# CONTRACT ROUTING SHEET

Date Prepared: 12/29/17

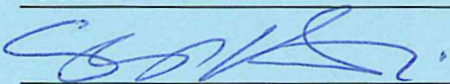
Need Date: For BOS Mtg. 1/9/18

**PROCESSING DEPARTMENT:**

Department: CAO

Dept. Contact: Sue Hennike

Phone #: 5577

Department Authorization: 

**CONTRACTOR:**

Name: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Collection and Indemnity Agreement for Development Impact Fees

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 12/29/17 By: Bre Muller

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 DEC 29 PM 2:20