Legistar No.:	 	
_		
Resolution No.:		

## **RESOLUTION ROUTING SHEET**

Date Prepared:	Need Date:	
PROCESSING DEPARTMENT:		
Department:		
Contact Name:	Phone:	<del></del>
Email Address:		
Department Head Signature:		
Requesting Department:	Org Code:	
Service Requested: Resolution Review		
Description:		
COUNTY COUNSEL:		
Approved: Disapproved:	Date:	
County Counsel Signature:		
County Counsel Comments:		

**HR APPROVAL:** N/A (Resolution) **RISK MANAGEMENT:** N/A (Resolution)