

CONTRACT ROUTING SHEET

Date Prepared: October 17, 2012

Need Date: October 30, 2012

PROCESSING DEPARTMENT:

Department: Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department

Head Signature: *Roger [Signature]* 10-17-12

CONTRACTOR:

Name: ****Marijuana Facilities

Address: Urgency Extension

Ordinance

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: _____

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 10/18/12 By: [Signature]

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

EL DORADO COUNTY COUNSEL
2012 OCT 18 AM 9:20

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

RECEIVED
12 OCT 19 AM 8:38
ADMINISTRATIVE SEPT.

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

Departments: _____

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

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