

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 12/6/24Need Date: 12/18/24**PROCESSING DEPARTMENT**Department: HHSAOrg Code: 5310150Dept Contact: Kristy Fackrell

Funding Source: \_\_\_\_\_

Phone: x6919

PL String: \_\_\_\_\_

Department \_\_\_\_\_

Head Signature: Alisha BrydenDigitally signed by Alisha Bryden  
Date: 2024.12.06 08:56:14 -08'00'Legistar #: 24-2135**CONTRACT INFORMATION**

CONTRACT #: \_\_\_\_\_

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Resolution Update of BH Commission Bylaws

NUMBER (If Assigned): \_\_\_\_\_

**ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL**

And review of BH Commission Bylaws

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COUNTY COUNSEL**

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: <u>12/17/24</u>	By: <u>Nicole Wright</u>	<small>Digitally signed by Nicole Wright Date: 2024.12.17 13:39:46 -08'00'</small>
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Date: _____	By: _____	

**COMMENTS**

with comments as noted in email.

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