

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: _____ Need Date: _____

PROCESSING DEPARTMENT

Department: _____ Org Code: _____
Dept Contact: _____ Funding Source: _____
Phone: _____ PL String: _____
Department _____ Legistar #: _____
Head Signature: _____

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: _____

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

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

COMMENTS

