

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 01/22/2024

Need Date: 01/30/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Kiera Garcia
Phone: x6923
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.01.22 08:52:35 -08'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: William Wright dba The Wright Law Office
Address: 4481 Autum Way
Shingle Springs, CA 95682
Phone: _____
Org Code: 5500
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA

Service Requested: Review of Agreement for Services #8437

Description: Provision of Animal Control Hearing Officer services

Contract Term: 9/1/24 - 12/31/24 Contract Value: \$20,000.00

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

Approved: Disapproved: Date: 01/22/2024 By: Roger A. Runkle
Approved: Disapproved: Date: _____ By: _____
Digitally signed by Roger A. Runkle
Date: 2024.01.22 17:10:11 -08'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!