

# CONTRACT ROUTING SHEET

Date Prepared: September 4, 2013

Need Date: September 24, 2013

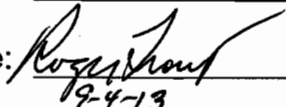
**PROCESSING DEPARTMENT:**

Department: CDA/Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department \_\_\_\_\_

Head Signature:   
9-4-13

**CONTRACTOR:**

Name: \*\*OR13-0002/Medical Marijuana

Address: Outdoor Cultivation 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: ✓ Disapproved: \_\_\_\_\_ Date: 9/5/13 By: D. Linkin 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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EL DORADO COUNTY COUNSEL  
2013 SEP -4 PM 2:04

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: \_\_\_\_\_

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