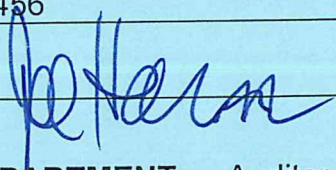


RESOLUTION ORDERING JUDICIAL FORECLOSURE ON DELINQ SP TX
CONTRACT ROUTING SHEET

Date Prepared: 11/17/17

Need Date: 11/27/2017

PROCESSING DEPARTMENT:

Department: Auditor-Controller
Dept. Contact: Joe Harn
Phone #: 5456
Department
Head Signature: 


CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Auditor-Controller

Service Requested: Review and Approve Resolution
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: Prior review – specialized services. BOS approved.

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

Approved: Disapproved: _____ Date: 11/21/2017 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 NOV 20 PM 3:28

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: _____

Nothing for risk

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

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