

Legistar No.: _____

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 6/17/21

Need Date: 7/1/21

PROCESSING DEPARTMENT:

Department: EDC AQMD

Contact Name: Rania Serieh

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Department Head Signature:  6/17/21

Requesting Department: EDC AQMD Org Code: N/A

Service Requested: Resolution Review

Description:
Review of revised Rule 523-1 staff report and resolution.

COUNTY COUNSEL:

Approved: Disapproved: Date: 6/25/2021

County Counsel Signature: 

County Counsel Comments:
see edits as noted.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT