

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 5/15/25Need Date: 5/27/25**PROCESSING DEPARTMENT**

Department: Agriculture
Dept Contact: LeeAnne Mila
Phone: (530) 621-5520
Dept. Signature: LeeAnne Mila
Title: _____

Digitally signed by LeeAnne Mila
Date: 2025.05.14 15:10:29 -0700

Org Code: 3100000
Funding Source: Fees for service
PL String: _____
Legistar #: 25-0892

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 - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: Agriculture, Weights & Measures Fee Schedule Resol
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSELExhibit A**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 5/22/25
Approved ☐ Disapproved ☐ Date: _____

By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk
Date: 2025.05.22 07:00:09 -07'00'
By: _____

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

COMMENTS