

REVIEW AND APPROVAL REQUESTED FOR:

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

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 9/22/25Need Date: 9/29/25**PROCESSING DEPARTMENT**

Department: CAO
Dept Contact: Tara Stout
Phone: x5401
Dept. Signature: Tara Stout
Title: _____

Digitally signed by Tara Stout
Date: 2025.09.22 13:32:01 -07'00'

Org Code: 0200000
Funding Source: _____
PL String: _____
Legistar #: 25-1670

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: TRL repeal

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Fee Reso to repeal

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 9/24/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.09.24 10:01:41 -07'00'**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 _____