

# CONTRACT ROUTING SHEET

Date Prepared: November 25, 2014

Need Date: December 1, 2014

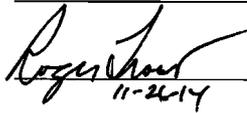
**PROCESSING DEPARTMENT:**

Department: CDA/Development Services

Dept. Contact: Char Tim

Phone #: X5351

Department

Head Signature:  11-26-14

**CONTRACTOR:**

Name: \*\*ALUCP Resolution of

Address: Intention-Amend Zoning Ord

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CDA/Development Services Division

Service Requested: Review of Resolution of Intention to amend Zoning Ordinance (ALUCP)

Contract Term: NA 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: 12/2/14 By: D. Lindstrom

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

EL DORADO COUNTY COUNSEL  
2014 NOV 25 PM 4:52

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

**NOT APPLICABLE**

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

Departments: \_\_\_\_\_

Approved: N/A Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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