

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 09/17/2024

Need Date: 10/04/2024

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone: 5577
Department Head Signature: Sue Hennike Digitally signed by Sue Hennike
Date: 2024.09.17 16:02:43
-07'00'

CONTRACTOR:

Name: City of South Lake Tahoe
Address: _____
Phone: _____
Org Code: 0200000
Project # _____
(if applicable): _____
Funding Source: N/A

CONTRACTING DEPARTMENT: El Dorado County

Service Requested: N/A

Description: Joint Powers Agreement for Transit in Tahoe Basin

Contract Term: N/A Contract Value: _____

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

Approved: Disapproved: Date: 10/09/2024 By: David Livingston Digitally signed by David Livingston
Date: 2024.10.09 12:11:12 -07'00'
Approved: Disapproved: Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!