

# CONTRACT ROUTING SHEET

Date Prepared: 3/12/18

Need Date: For BOS Mtg. 4/24/18

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department Authorization: [Signature]

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Resolution Increasing Development Impact Fees for Lake Valley Fire  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 3/29/18 By: Bre [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved as to form.

Please see enclosed memo and comments  
on draft Nexus Study as well as  
edit on Resolution.

EL DORADO COUNTY COUNSEL  
2018 MAR 12 PM 1:03

18-0583