

# COUNSEL ROUTING SHEET

Date Prepared: 03/01/19

Need Date: 03/8/19

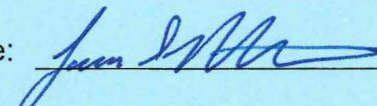
**PROCESSING DEPARTMENT:**

Department: Board of Supervisors

Dept. Contact: Jim Mitrisin

Phone: X5592

Department

Head Signature: 

**CONTRACTOR:**

Name: n/a

Address: \_\_\_\_\_

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

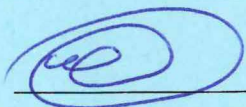
Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Board of Supervisors

Service Requested: Review proposed ordinance to repeal section 2.20.1111

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/4/19 By: 

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

EL DORADO COUNTY COUNSEL  
2019 MAR -1 PM 3:32

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x\_\_\_\_ FOR PICK-UP...THANKS!