## BOS Resolution Appoint Code Enforcement Hearing Officer CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department: Dept. Contact: Beverly Savage Phone #: 5324 Department Head Signature:  CONTRACTING DEPARTMENT: Development Services Phone:  CONTRACTING DEPARTMENT: Development Services Service Requested: Resolution to appoint Code Enforcement Hearing Officer Contract Term: N/A Compliance with Human Resources requirements? Compliance werified by:  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Disapproved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Disapproved: Disapproved: Date: By: Approved: Disapproved: Disapproved: Date: By: Approved: Disapproved: Disapproved: Date: By: Approved: Disapproved: Date: By: Address: N/A Address: Phone: N/A Address: N/A No: Address: N/A No: Address: N/A No: Address: N/A No: Add	Date Prepared:	7/15/09	Need Date: 7/22	/09
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