

CONTRACT ROUTING SHEET

Date Prepared: 9/25/18

Need Date: For Oct. 30 Hearing 18-1600

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: Review resolution
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL:

Approved: X Disapproved: _____ Date: 10/2/18 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see comments on draft and enclosed memo.

Agreement required under County Code section 1320.030 was executed 12/19/17. (copy enclosed)

EL DORADO COUNTY COUNSEL
2018 SEP 25 AM 10:39