

ROUTING SHEET

Resolution

Date Prepared: 7/06/2016

Need Date: 07/13/2016¹⁹

PROCESSING DEPARTMENT:

Department: Treasurer/Tax Collector

Dept. Contact: Mary Cloutier

Phone #: 5819

Department

Head Signature: *C. L. Rappley*

CONTRACTOR:

Name: N/A

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review for form.

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 7/28/19 By: *Judith Kern*

Approved: _____ Disapproved: _____ Date: _____ By: _____

See recommendations for changes in e-mail to M.C.
Recommendations noted - Mary C

EL DORADO COUNTY COUNSEL
2016 JUL 11 PM 4: 25

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

N/A

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____