Counsel please include this	> Index Code: 308612		egistar # 12-1276 Charge To #: No Charge	
	CONTRA	CT ROUT	ING S	HEET
PROCESSING DEPARTMENT: Department: Transportation Dept. Contact: Michele Smith			CONTRAC Name:	
Phone: Department Head	X7591		Address:	Measure for Mailed Ballot Election to Establish a
Signature:	Michele Smith	Anth.	Phone:	Special Tax
	Administrative Ser	vices Officer		
CONTRACTING DEPARTMENT: Transportation Service Requested of Counsel/Risk: Review & Approve				
Contract Term:				ndment Amount: \$
Compliance with	Human Resources	Requirements?	Yes:	X No: ~
Compliance verifi	ed by: Contract N OK per	Notification Sent _ N/A - Resolution	; HR	Response Received :
		TWA TOOGIATION	- '	
OK per N/A - Resolution . COUNTY COUNSEL: (must approve all contracts and MOUs) Approved: Disapproved: Date: 10 30 12 By: Disapproved: Date: By: Disapproved: Date: Dat				
Approved:	Disapproved:	Date:	10 130 112	Sv. D. MINGOISH
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	0	•		
**				
RISK MANAGEN	MENT: (All contract	ts and MOUs exce	nt boilemlate	e grant funding agreements)
Approved:	Disapproved:	Date:		By:
Approved:	Disapproved:	Date:		Зу: Зу:
Risk Managem	ent review not red	quired –Please re	turn directly	y to DOT
OTHER APPROV		rtment(s) participa	ting or direct	ly affected by this contract).
Approved:	_ Disapproved:			Ву:
Approved:	_ Disapproved:			Зу: