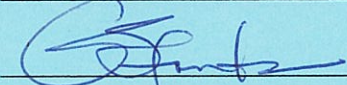


CONTRACT ROUTING SHEET

Date Prepared: 05/24/2012

Need Date: 05/31/2012

PROCESSING DEPARTMENT:

Department: Environmental Mgmt
Dept. Contact: Kerri Williams
Phone #: 5309
Department
Head Signature: 

CONTRACTOR:

Name: Body Art Resolution
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: EMD Environmental Health

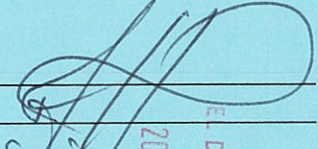
Service Requested: Review of Resolution for new program

Contract Term: _____ Contract/Amendment Value: _____

Compliance with Human Resources requirements? Yes: No:

Compliance verified by: _____

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

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: 5/24/12 By: 

cond' approval w/ proposed revisions

2012 MAY 24 AM 10:15
EL DORADO COUNTY COUNSEL

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

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

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

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