

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 02/19/2020

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Monica Ferguson

Phone: 530-621-7613

Department: J. DeV. - 2/19/20

Head Signature: [Signature]

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

Org Code: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Resolution Review

Contract Term: N/A Contract Value: 0

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

Approved: ✓ Disapproved: _____ Date: 2/26/20 By: [Signature]

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

Approved as revised, 2/26/20.

EDC COUNTY COUNSEL
2020 FEB 21 AM 10:22

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x_7613___ FOR PICK-UP...THANKS!