

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/3/18

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Sarah Todoroff
Phone: 530-621-5657

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: _____

Department Head Signature: [Signature] 8/3/18

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Please review Alarm Ordinance Update

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: _____ Date: 8/7/18 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved as revised.

EL DORADO COUNTY COUNSEL
2018 AUG -3 PM 3:38

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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