

REVIEW AND APPROVAL REQUESTED FOR:

☒ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 10/30/25Need Date: 11/6/25**PROCESSING DEPARTMENT**

Department: CAO-Procurement and C
Dept Contact: Annika Andersson
Phone: X 5911
Dept. Signature: Tyler Prince
Title: Sr. Administrative Analyst

Org Code: 1230200
Funding Source: Ambulance Fee Revenue
PL String: _____
Legistar #: 24-1202

CONTRACT INFORMATION

CONTRACT #: 9842 CONTRACT AMENDMENT #: _____

Contracting Department: Emergency Medical Services
Contractor/Vendor Name: Wittman Enterprises
Contract Term: Five (5) Years Contract Value: \$

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: _____
NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 10/30/25 By: Kathleen A. Markham
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS Ambulance Billing and Collection Services

CONTRACT AMENDMENT ONLY**HR APPROVAL**

Compliance with Human Resources requirements? Yes: ☒ No: ☐
Compliance verified by: Misty Garcia

RISK APPROVAL

Approved ☒ Disapproved ☐ Date: 11/6/25 By: Karen M. Bianchini
Approved ☐ Disapproved ☐ Date: _____ By: _____

COMMENTS _____