CONTRACT ROUTING SHEET

Date Prepared: 10/13/15 **Need Date:** 10/20/15

PROCESSING DEPARTMENT:
Department: Board of Supervisors
Dept. Contact: Jim Mitrisin
Phone #: X5592
Department Head Signature:

CONTRACTOR:
Name: None – Ordinance review
Address:
Phone:

CONTRACTING DEPARTMENT: Board of Supervisrs
Service Requested: Review proposed amendments to Ordinance 4358 – 2.030.020
Contract Term: n/a Contract Value: $0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by:

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: X Disapproved: Date: 10/14/15 By:
Approved: Disapproved: Date: By:

EL DORADO COUNTY COUNSEL
2015 OCT 13 PM 3:51

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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: