

REVIEW AND APPROVAL REQUESTED FOR:

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

County Counsel
REVIEW ROUTING SHEET

Date Prepared: 8/13/25

Need Date: _____

PROCESSING DEPARTMENTDepartment: Auditor-ControllerOrg Code: 0300000Dept Contact: Sonja Cook

Funding Source: _____

Phone: x5421

PL String: _____

Dept. Signature: Sonja Cook for Joe Harn Digitally signed by Sonja Cook for Joe Harn
Date: 2025.08.13 10:29:27 -0700Legistar #: 25-1245Title: Administrative Analyst II**CONTRACT INFORMATION**

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.***ORDINANCE/RESOLUTION/POLICY INFORMATION**TITLE / SUBJECT: Resolution of Formation of Community Facilities Distr

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL

Please review the attached Resolution.

COUNTY COUNSEL

Approved ☒ Disapproved ☐ Date: 8/15/25
Approved ☐ Disapproved ☐ Date: _____

By: Janeth D. SanPedro Digitally signed by Janeth D. SanPedro
Date: 2025.08.15 13:47:45 -0700
By: _____

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

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

COMMENTS