

CONTRACT ROUTING SHEET

Date Prepared: 10/14/16

Need Date: 10/19/16

PROCESSING DEPARTMENT:

Department: County Surveyor
Dept. Contact: Richard Briner
Phone #: 621-5441
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: County Surveyor

Service Requested: Review Certificate of Acceptance of Real Property
Contract Term: _____ 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: 10/17/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

SANTO DOMINGO COUNTY COUNSEL
20 OCT 14 AM 11:36

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: 10-17-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: Nothing for Risk

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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