

RESUBMITTAL

Agreement # N/A

RESOLUTION ROUTING SHEET

Date Prepared: 10/2/19

Need Date: 10/16/19

PROCESSING DEPARTMENT:

Department: Treasurer-Tax Collector
Dept. Contact: K. Coleman/Jennifer Stebbins
Phone: 5819/5809
Department
Head Signature: Karen Coleman *KS*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: _____
Project String: _____

CONTRACTING DEPARTMENT:

Service Requested: Review Ordinance *update Schedule of Fees & Business License Fees*
Contract Term: _____ Contract Value: _____

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

Approved: *X* Disapproved: _____ Date: 10/22/19 By: *[Signature]*
Approved: *X* Disapproved: _____ Date: 5/28/20 By: *[Signature]*

Approved as to form. SCS

*5/20/20 See changes made to incorporate Business License Fees -
Section 5.64.030*

*Approved Re-submittal as to form with
recommended edit to Resolution date. -SCS*

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

RECEIVED
CoCo
OCT 02 2019
BY: *KH/APM*

PLEASE CALL x _____ FOR PICK-UP...THANKS!

EDC COUNTY COUNSEL
2020 MAY 20 AM 9:15