Agreement # _____

RESOLUTION ROUTING SHEET

Date Prepared: 04/22/2022

Need Date: 05/06/2022

PROCESSING DEPARTMENT:

Department: Transportation & Environmental Management
Dept. Contact: Elizabeth Hess
Phone: (530) 621-5178
Department Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

Org Code: 3590820
Project String: _____

CONTRACTING DEPARTMENT: _____

Service Requested: Resolution Review – Annual Report of Benefit Assessments CSA 2
Contract Term: _____ Contract Value: _____

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

Approved: ☑ Disapproved: ☐ Date: 4/27/2022 By: Daniel Vandekoolwyk Digitally signed by Daniel Vandekoolwyk Date: 2022.04.27 11:03:38 -07'00'
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE CALL ELIZABETH HESS (x5178) FOR PICK-UP…THANKS!