

PLEASE REVIEW ATTACHED RESOLUTION

CONTRACT ROUTING SHEET

Date Prepared: April 11, 2013

Need Date: April 12, 2013

PROCESSING DEPARTMENT:

Department: Treasurer-Tax Collector
Dept. Contact: Shari Sumpter
Phone #: 621-5819
Department
Head Signature: *C.L. Rafferty*

CONTRACTOR:

Name: n/a Resolution to accept
Address: partial payments for delinquents
unsecured taxes
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: n/a
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: ✓ Disapproved: _____ Date: 4/11/13 By: *Judith Kern*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2013 APR 11 AM 10:20

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: _____