

Counsel please include this information in your billing description.	>	Resolution #: 14-41454	Legistar # 14-0703	P&C # N/A
	>	Index Code: Various –		Charge To #: No Charge
	>	Special Districts		
	>	Project Description: Resolution and Hearing – CSA #10 Waste Management Fees		

## CONTRACT ROUTING SHEET

**PROCESSING DEPARTMENT:**

Department: CDA/Admin & Finance Division  
 Dept. Contact: Ruth Young  
 Phone: x5934  
 Authorized Signature: *Ruth Young*  
 Ruth Young  
 Chief Fiscal Officer, CDA Administration & Finance Division

**CONTRACTOR:**

Name: Fees Resolution and Hearing – CSA #10  
 Address: Zones of Benefit, Fiscal Year 2014/2015  
 Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CDA, Administration & Finance Division

Service Requested of Counsel/Risk: Review & Approve  
 Contract Term: \_\_\_\_\_ Contract/Amendment Amount: \$ \_\_\_\_\_  
 Compliance with Human Resources Requirements? Yes: N/A No: \_\_\_\_\_  
 Compliance verified by: N/A - Resolution

**COUNTY COUNSEL:** (must approve all contracts and MOUs)

Approved:  Disapproved: \_\_\_\_\_ Date: 5/22/14 By: J. San Pedro  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*With revisions as noted*

*Revisions made as noted*

EL PASO COUNTY COUNSEL

**RISK MANAGEMENT:** (All contracts and MOUs except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGEMENT REVIEW NOT REQUIRED – PLEASE RETURN DIRECTLY TO COMMUNITY DEVELOPMENT AGENCY, ADMINISTRATION AND FINANCE DIVISION**

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

Department(s): \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_