

RESOLUTION ROUTING SHEET

Date Prepared: 08/28/20

Need Date: 9/9/20

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Clay Russell
Phone: X5117
Department
Head Signature: [Signature]

CONTRACTOR:

Name: N/A
Address:
Phone:
Org Code: 02-00000
Project String:

CONTRACTING DEPARTMENT: CAO

Service Requested: Review resolution to change language in Paragraph 5
Contract Term: N/A Contract Value: N/A

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

Approved: [check] Disapproved: Date: 9/2/20 By: D. Livingston [Signature]
Approved: Disapproved: Date: By:

[Empty lines for routing]

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

EDC COUNTY COUNSEL
2020 AUG 28 AM 8:29

PLEASE CALL x_____ FOR PICK-UP...THANKS!