2017 TIM Fee Schedule Resolution #: XXX-2017 CONTRACT ROUTING SHEET

Date Prepared:	11-6-17	Need Date:	ASAP
PROCESSING DEPARTMENT: CON			₹:
Department:	Community Development Services	Name: N/A	
Dept. Contact:		Address:	
Phone #:	530-621-5442		
Department		Phone:	
Head Signature:	Rogy Shout		
	DEPARTMENT: CDS, Planning Planning		tment, Long Range
	d: Resolution Review and Ap		4 Maliana
Compliance with I		Contract Amendmer	
Compliance with F	Human Resources requirements ed by:	s? Yes:	No:
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:			
Approved:	Disapproved:	Date:	By:
		rticinating or directly a	
Departments:	AL: (Specify department(s) pa	rucipating of directly a	nected by this contract).
Approved:	Disapproved:	_ Date:	By:
Approved:	Disapproved:	Date:	By:
			Provide British Control

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