

# CONTRACT ROUTING SHEET

### PROCESSING DEPARTMENT:

Department: Transportation  
Dept. Contact: Tim Prudhel  
Phone: x5974  
Department Head  
Signature: *T. Prudhel* 05-02-07  
Tim C. Prudhel  
Contract Services Officer

### DOT

Name: Assessment Resolution and Hearing - CSA #3  
Address: Snow Removal Zones of Benefit, fiscal year 2007/08  
Phone: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
Handwritten: *Handwritten*  
2007-05-02 PM 5:03

### CONTRACTING DEPARTMENT: Transportation

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: 5/14/07 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 05/04/07  
ATTORNEY: DAUGL  
DEPT./INDEX NO.: 006500  
BY: *[Signature]*

Index Code: SPECIAL DISTRICTS - NO CHARGE User Code: \_\_\_\_\_

### 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 DOT**

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

Department(s): \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8 AM 30 By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
DOT