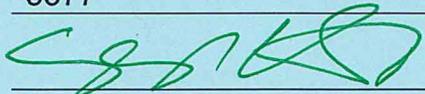


# CONTRACT ROUTING SHEET

Date Prepared: 11/22/17

Need Date: For BOS Mtg. <sup>12/12/17</sup>~~12/15/17~~

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department  
Authorization: 

**CONTRACTOR:**

Name: Georgetown FPD  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Collection and Indemnity Agreement Related to Mitigation Fee Act  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved:  Disapproved: \_\_\_\_\_ Date: 12/4/17 By: Bre MUEBIUS  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 NOV 27 AM 8:05

*See note on page 9.*