| Counsel please > include this information in your billing description. > | Resolution #: 13-41425    Legistar # 13-0545    P&C # N/A | |
|---|---|---|
| | Index Code:   Various – Special Districts | Charge To #:  No Charge |
| | Project Description: | Resolution Establishing Appeal Process -- 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 (signature)_  5/9/13
Ruth Young
Chief Fiscal Officer, CDA Administration & Finance Division

**CONTRACTOR:**

Name:      **Resolution Establishing Appeal Process – CSA #10**
Address:   Waste Management Fees
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: 5/13/2013 By: J. SunPedro
Approved: _____   Disapproved: _____   Date: _____ By: _____

_____
_____
_____
_____
_____
_____
_____
_____

**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: _____

_____