

Legistar No.: 22-0380

Resolution No.: _____

RESOLUTION ROUTING SHEET

Date Prepared: 2/23/2022

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: CAO- EMS/EP

Contact Name: Michelle Patterson/Sue Hennike Phone: x6505

Email Address: michelle.patterson@edcgov.us

Department Head Signature: Michelle Patterson Digitally signed by Michelle Patterson
Date: 2022.02.23 14:38:36 -08'00'

Requesting Department: CAO-EMS/EP Org Code: 1210100

Service Requested: Resolution Review

Description:

The attached resolution is for a fee increase for County Service Area No. 3 ambulance service. The target BOS date for this is 3/15/2022

COUNTY COUNSEL:

Approved: ☒ Disapproved: ☐ Date: 05/16/2022

County Counsel Signature: Kathleen Markham Digitally signed by Kathleen Markham
Date: 2022.05.16 16:25:13 -07'00'

County Counsel Comments:

This is a conditional approval. Please make requested change to the resolution.

HR APPROVAL: N/A (Resolution)

RISK MANAGEMENT: N/A (Resolution)

PLEASE EMAIL CHANGES/APPROVAL TO DEPARTMENT CONTACT