## RESOLUTION ROUTING SHEET

Date Prepared: 06/22/2023
PROCESSING DEPARTMENT:

Need Date: 07/07/2023
$\qquad$

Department: Health and Human Services

## Contact Name: <br> 

darci.prall@edcgov.us
Email Address: $\square$
Kristen
Department Head Signature: $\qquad$ Gurrola
-07'00'

Requesting Department: Health and Human Services Agency Org Code: $\underline{\underline{5400000 / 5500000}}$
Service Requested: Resolution Review

Description:
Animal Services and Public Health new fee schedules

## COUNTY COUNSEL:

Approved: $\boxed{\square}$ Disapproved: $\square$ Date: 7-11-2023
Roger A. $\begin{aligned} & \text { Digitally signed by Roger } \\ & \text { A. Runkle }\end{aligned}$ Runkle
A. Runkle

County Counsel Signature: $\qquad$ Date: 2023.07 .11

County Counsel Comments:

