

REVIEW AND APPROVAL REQUESTED FOR:

Contract Amendment Resolution Ordinance Policy Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 1/2/25

Need Date: 1/2/25

PROCESSING DEPARTMENT

Department: CAO

Org Code: 0200000

Dept Contact: Laura Schwartz

Funding Source: _____

Phone: _____

PL String: _____

Department _____

Head Signature: Laura Schwartz Digitally signed by Laura Schwartz
Date: 2025.01.02 08:36:31 -08'00'

Legistar #: _____

CONTRACT INFORMATION

CONTRACT #: _____

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: Amend 9.55 and add 10.12.145

NUMBER (If Assigned): _____

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved
 Approved

Disapproved
 Disapproved

Date: _____
Date: _____

By: Nicole Wright
By: _____

Digitally signed by Nicole Wright
Date: 2025.01.02 09:55:20 -08'00'

COMMENTS

