

# CONTRACT ROUTING SHEET

Date Prepared: 12/15/11

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: County Counsel

Dept. Contact: Lou Green

Phone #: (530) 621-5770

Department

Head Signature: \_\_\_\_\_



**CONTRACTOR:**

Name: Abigail L. Roseman

Address: P.O. Box 959  
Georgetown, CA 95634

Phone: \_\_\_\_\_

CONTRACTING DEPARTMENT: County Counsel

Service Requested: Legal Services to represent County as co-counsel with County Counsel

Contract Term: \_\_\_\_\_

Compliance with Human Resources Requirements? (        )

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:   ✓   Disapproved: \_\_\_\_\_ Date: 12/15/11 By: ABL

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**Assignment**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Atty: \_\_\_\_\_  
\_\_\_\_\_ Index # \_\_\_\_\_  
\_\_\_\_\_ By: \_\_\_\_\_

FORWARD TO RISK MANAGEMENT? YES

**RISK MANAGEMENT:** (All contracts & MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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