Counsel please > Resolution #: 14-41452 Legistar # 14-0700 P&C # N/A
include this > Index Code: Various –
information in > Special Districts

your billing > Project Assessment Resolution and Hearing – CSA #3 Benefit
description. > Description:

CONTRACT ROUTING SHEET

Department: Dept. Contact: Phone: Authorized Signature: CONTRACTING D	Authorized Alas 11		and Hearing – CSA #3 Zones of Benefit, Fiscal Year 2014/2015		
Contract Term: Compliance with H	of Counsel/Risk: Review & Apuman Resources Requirements? by:N/A - Resolution	Contract/Ame Yes:	ndment Amount: N/A	\$ No: _	
Approved:	EL: (must approve all contracts and Disapproved: Dat Disapproved: Dat Dat Disapproved: Dat Dat Disapproved: Dat	e: <u>5/22//Y</u>	By: Swat	23	DR ADDO COUNTY COUNTY
Approved: Approved: RISK MANAGEME	ENT: (All contracts and MOUs ex Disapproved: Dat Disapproved: Dat ENT REVIEW NOT REQUIRED - ELOPMENT AGENCY, ADMIN	e: e: - PLEASE RE	By: By: TURN DIRECTL	Y TO	
Department(s): Approved:	Disapproved: Dat		Ву:		ract).