


CONTRACT ROUTING SHEET

Date Prepared: 07/01/2014

Need Date: 07/11/2014

PROCESSING DEPARTMENT:

Department: AQMD
Dept. Contact: Dave Johnston
Phone #: 7578
Department
Head Signature: 

CONTRACTOR:

Name: NA
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: AQMD

Service Requested: Review Resolution for Withdrawal of Rule 527 from SIP
Contract Term: NA Contract/Amendment Value: \$0.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: N/A

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

Approved: Disapproved: Date: 7/2/2014 By: J. San Pedro
Approved: Disapproved: Date: _____ By: _____

*Changes made as requested
AB 7/7/14*

EL DORADO COUNTY COUNSEL
2014 JUL -1 PM 1:11

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

Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____

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

Departments:
Approved: Disapproved: Date: _____ By: _____
Approved: Disapproved: Date: _____ By: _____