Counsel please	5	Contract #:	14 - 41467	Legistar #: 14-1604	P&C#: NA	
include this information in your billing description.	>	Index Code:	340100		Activity Code: 21800	NCGen
	1 - 1	Project Description:		g the \$50 refund processing fee for -year deadline for customer to re-		M deposits. Fun

RESOLUTION ROUTING SHEET

PROCESSING DEPARTMENT:

CONTRACTOR: NA

Department: Community Development Agency

Division: Administration & Finance

x6050

Dept Contact: Scott Wilson

Phone:

Dept Head Signature:

the freng **Ruth Young**

CONTRACTING DEPT: CDA

Service Requested: Review && Approve											
Contract Term: NA											
Contract/Amendment Amount: 0											
Compliance with Human Resources Requirements: Yes: X No:											
Compliance verified by:	Contract Notification Sent: N										
COUNTY COUNSEL:	(must approve all contracts and			13	p						
Approved: Merusid	Disapproved:		114 By: Johns	À	~ õr						
Approved:	Disapproved:	Date:	By:	5	A 0 0						
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Please forward to Risk	Management upon approval.	N/A									
RISK MANAGEMENT:	(All contracts and MOUs except	t boilerplate gra	ant funding agreements	4 : = : - 485							
Approved:	Disapproved:	Date:	By:	ţ,							
Approved:	Disapproved:	Date:		£ S							
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OTHER APPROVAL:	(Specify department(s) participation	ating or directly	v affected by this contract	ு ct)ா							
Approved:	Disapproved:	Date:	By:	-fr	i d i News calls g						
Approved:	Disapproved:	Date:									