Contract #: AGMT 208-O1111

Amend #

₩ Legistar #10-1001 (1-084)

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department:		CONTRACTOR		
Dept. Contact:	Transportation	Name:	El Dorado County	
Phone:	Deb Lane	iname.	Protection District	
Department Head	X5933	Address:	Chief Bruce Lache	;r
Signature:		Address.	P.O. Box 807	
0	Atoxail 7/15/10	Phone:	Camino, CA 95709	}
	James W. Ware, Director	Phone:	(530) 644-9630	
	Pete Feild, R/W Manager			
CONTRACTING DEPARTMENT: Sheriff's Department				
Service Requested: Facility Use Agreement 208-01111 Sheriff's Search & Rescue Station				
Contract / erm: 12/1/2010 - 11/30/2012 Contract/Amondment Amount +				
Compliance with Human Resources Requirements? Yes: X No:				
Compliance verified	by: Contract Notification	Sent :	HR Response Receiv	ad ·
	OK per	······································		eu
COUNTY COUNSEL: (must approve all contracts and MOUs)				
	L: (must approve all contr	acts and MOUs)		5W
Approved:	Disapproved:			
	Disapproved.	Date:	By:	
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* REVISE INDEMNITY AS INDILATED ON # 209-01111				
* ADD DESCRIPTION OF POPTION OF PROPERTY TO BE MED BY COUNTY. CO				
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XXX 3/1/10 to 2	128/13 9 9710	V ALI VOIT	W S	<u> </u>
Please forward to	Risk Management upon a	pproval.		
			<u>*</u>	
Index Code:3013	13	User Code:		e e e e e e e e e e e e e e e e e e e
RISK MANAGEMEN			Strategy .	<u>~</u>
Approved	NT: (All contracts and MOL	s except boilerp	ate grant funding agr	eements)
Approved:	Disapproved:	Date: 201 7784	By:	ж Э
Approved 1	Disapproved:	Date:	By:	:
			<i>V</i>	
OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).				
Department(s):	- (opeony department(s) pa	articipating or dire	ectly affected by this	contract).
Approved r		Deter	<u></u>	
Approved [Disapproved:	Date:	_ By:	
			_ by _ By: 11-0842.2A	7
			11-U042.ZA	