

CONTRACT ROUTING SHEET

Date Prepared: November 13, 2014

Need Date: November 17, 2014

PROCESSING DEPARTMENT:

Department: CDA/EMD

Dept. Contact: Gerri Silva

Phone #: x. 6653

Department: _____

Head Signature: *Gerri Silva*

CONTRACTOR:

Name: South Tahoe Refuse/American River Disposal Service

Address: 2140 Ruth Avenue

South Lake Tahoe, CA

Phone: 530-542-8366

CONTRACTING DEPARTMENT: County Counsel

Service Requested: Review and Approve

Contract Term: 1/1/2015 – 12/31/2023 Contract Value: _____

Compliance with Human Resources requirements? Yes: X No: _____

Compliance verified by: Judie Engle on 10/14/14.

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

Approved: *[initials]* Disapproved: _____ Date: 11/14/14 By: *[initials]*

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

*subject to recommended changes
Comments addressed per Gerri Silva
C. Schmullinger*

RECEIVED
DORADO COUNTY COUNSEL
2014 NOV 13 AM 11:49

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: *[initials]* Disapproved: _____ Date: 11/17/14 By: *[initials]*

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

RECEIVED
DORADO COUNTY COUNSEL
2014 NOV 17 PM 2:25

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

Departments: _____

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

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

PLEASE RETURN TO CDA/EMD UPON APPROVAL. THANK YOU.