## CONTRACT ROUTING SHEET



Need Date:
CONTRACTOR:
Name: N/A
Address:
Phone:

CONTRACTING DEPARTMENT: CAD
Service Requested: Review Resolution for making 5-year findings under Mitigation Fee Act for Development Impact Fees for Fire and Parks and Recreation Districts
Contract Term: N/A
Compliance with Human Resources requirements?
Compliance verified by:

N/A
Contract Value:
Yes: N/A No:

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


Disapproved:
Disapproved:
 Date: Date:
 By: K. Moslevan By:


6/16/16-Revissd as directed. St t.
Conditional - please nude to mosul corrections

## RISK MANAGEMENT:

Approved:
Approved: $\qquad$

Disapproved:
Disapproved:

Date:
Date:

By:
By:


