		Contract #:_	Contract #:TBA	
CONTRACT ROUTING SHEET				
Date Prepared:	1-17-2017	Need Date:	1-20-2017 BOS hearing date: 1-24-2017 / item 17-0103	
PROCESSING DI Department:	EPARTMENT: County Counsel		OR: obert G. Holderness lolderness Law Firm	
Dept. Contact: Phone #: Department Head Signature:	Michael Ciccozzi X5770 Michael J. Ciccozzi	Address: 1	Natoma Street Folsom CA 95630 916)984-1410	
CONTRACTING I Service Requeste	d: Agreement for Legal S Holderness/Holdernes representation and def		vices associated with the I Dorado Hills CSD, and	
Contract Term: Compliance with H Compliance verifie	N/A Human Resources requirer	Contract Value:	\$50,000.00 No:	
COUNTY COUNS	SEL: (Must approve all cor Disapproved: Disapproved:	ntracts and MOU's) Date: 1/231 Date:	<u>Ву:</u> Ву:	
	D TO RISK MANAGEMENT. TH ENT: (All contracts and M Disapproved: Disapproved:		grant funding agreements) -/7By: By: By:	
OTHER APPROV Departments:	AL: (Specify department(s) participating or directly	y affected by this contract).	
Approved:	Disapproved: Disapproved:	Date: 01:2 Date:	Ву: Ву: на сливо солита	
		and the second		