## **CONTRACT ROUTING SHEET**

Date Prepared:	3/22/17	Need Date:	3/24/17
PROCESSING DEPARTMENT: Dept. Contact: Phone #: Department	EPARTMENT: CAO Creighton Avila 5153	CONTRACTO Name: Address:	R:
Head Signature:	9000	Phone:	
CONTRACTING DEPARTMENT:  Service Requested: Review letter to CAL FIRE for CEQA exemption for tree mortality work			
Contract Term:		Contract Value:	\$0.00
Compliance with I	Human Resources requirements ed by:	s? Yes:	No:
COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 3/22/17 By:			
Approved:	Disapproved: Disapproved:	Date:	17 By: (LL) br
RISK MANAGEM	TO RISK MANAGEMENT. THANKS		ant funding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	_ Date:	By:
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).			
Departments:	Discours	5.	
Approved:	Disapproved: Disapproved:	Date:	By: