CONTRACT ROUTING SHEET

Date Prepared:	October 4, 2017	Need Date:	October 11, 2017
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	Planning & Building Dept. Char Tim X5351	CONTRACTO Name: No Address: Phone:	
Service Requeste Contract Term: _1	DEPARTMENT: Planning & Bud: Review of General Plan Amed NA Human Resources requirements? End by:	endment Resolution Contract Value:	(Measure E Writ of Mandate) \$0.00 No:
COUNTY COUNS Approved:> Approved:	SEL: (Must approve all contracts Disapproved: Disapproved:	and MOU's) Date: IO/I7 Date:	17 By: Bye Moebiu. By:
	Please see edit	attached.	
ADO COUNTY COUNSEL	Edits have b	ean incorporated	. UT 10/18/17
œ	ENT: (All contracts and MOU's e	except boilerplate gr	ant funding agreements)
Approved: N/A	Disapproved: Disapproved:	Date:	By:By:
NOT API	PLICABLE		
OTHER APPROV Departments:	AL: (Specify department(s) parti	cipating or directly a	affected by this contract).
Approved: N/A Approved:	Disapproved: Disapproved:	Date: Date:	By:By: