


# CONTRACT ROUTING SHEET

Date Prepared: 11/22/17

Need Date: For BOS Mtg. 12/5/17

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department Authorization: 

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review of resolution making 5-year findings for Mosquito Fire Protection District as required by Government Code Section 66001

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved:  Disapproved: \_\_\_\_\_ Date: 11/29/17 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*See Confidential Email and fact change to INTEREAS*

EL DORADO COUNTY COUNSEL  
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