Resolution #:

#10-41341 Legistar # 10-0437

Resolution and Exhibit A

## **CONTRACT ROUTING SHEET**

PROCESSING D	EPAHIMENI:	CONTRA	io i on.
Department:	Transportation	Name:	Assessment Resolution
Dept. Contact:	Michele Smith		and Hearing - CSA #2
Phone:	X4937	Address:	Road Zones of Benefit, fiscal
Department Head		CONTRACTOR OF THE CONTRACTOR O	year 2010/2011
Signature:		Phone:	
<b>O.g.</b>	Tom Celio	1 110110.	
	Deputy Director, Maintenan	nce and Operations	
Service Requeste	DEPARTMENT: Transport	ortation	
Contract Term:		_ Contract/Amend	Iment Amount: \$
	Human Resources Require		
Compliance verifi		ion Sent A - Resolution	_; HR Response Received:
COUNTY COUNS	SEL: (must approve all co	ontracts and MOUs	s)
Approved:	_ Disapproved:	Date: 5/24/	By: D. Livingston
Approved:	_ Disapproved:	Date:	By:
Apploved.	_ D.oapp.o.ou.		200000
			N E
			55 F
Index Code:	ous – Special Districts	User Code:	
			No Charge
RISK MANAGEM	IENT: (All contracts and M	MOUs except boile	No Charge rplate grant funding agreements)
RISK MANAGEN Approved:	IENT: (All contracts and M Disapproved:	MOUs except boile Date:	No Charge  rplate grant funding agreements)  By:
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RISK MANAGEN Approved: Approved:  RISK MANAGE  OTHER APPROV Department(s): Approved:	MENT: (All contracts and Management of Mentracts and Mentr	MOUs except boile Date: Date:  Date:  S) participating or continuous	No Charge  rplate grant funding agreements)  By:  By:  By:  CE RETURN DIRECTLY TO DOT  directly affected by this contract).