## CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:
$\frac{\text { Transportation }}{\text { Michele Smith }}$

Tom Celio Deputy Director, Maintenance and Operations

CONTRACTOR:
Name:
Address:
Phone:
Operations

Assessment Resolution and Hearing - CSA \#3
Snow Removal Zones of Benefit, fiscal year 2010/2011
$\qquad$

CONTRACTING DEPARTMENT: Transportation Service Requested:
Contract Term:
Contract/Amendment Amount:
$\$$
Compliance with Human Resources Requirements?
Yes:
N/A
No:
Compliance verified by: Contract Notification Sent N/A - Resolution ; HR Response Received $\qquad$ : OK per

COUNTY COUNSEL: (must approve all contracts and MOUs)
Approved: $\qquad$ Disapproved:
Date: $\qquad$ By: Divinuman
Approved: $\qquad$ Disapproved:

Date:
By: $\qquad$


RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)
Approved: $\qquad$ Disapproved: $\qquad$ Date:
By:
Approved:
Disapproved: $\qquad$ Date:
By: $\qquad$

## RISK MANAGEMENT REVIEW NOT REQUIRED - PLEASE RETURN DIRECTLY TO DOT

$\qquad$
OTHER APPROVAL (Specify department(s) participating or directly affected by this conitract).
Department(s):

| Approved: $\quad$ Disapproved: __ Disapproved: | Date: $\quad$ By: |
| :--- | :--- |
| Approved: $\quad$ Date: $\quad$ By: |  |

Approved: Disapproved:

Date:
By: $\qquad$

