

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: DOT

Department: TransportationDept. Contact: Tim PrudhelPhone: x5974

Department Head

Signature: *Tim C. Prudhel* 05-08-08

Tim C. Prudhel

Contract Services Officer

Name:

Assessment Resolution &Hearing – CSA #9

Address:

Road Zones of Benefit, fiscal
year 2008/09

Phone:

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 _____; HR Response Received _____OK per N/A - Resolution

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ☒

Disapproved: _____

Date: 5/12/08By: D. Lindstrom

Approved: _____

Disapproved: _____

Date: _____

By: _____

ASSIGNMENT

DATE: 05/12/2008ATTORNEY: DATEDEPT./INDEX NO: 30652BY: AkwIndex Code: Special Districts, N/C

User Code: _____

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____

Date: _____ By: _____

Approved: _____ Disapproved: _____

Date: _____ By: _____

RISK MANAGEMENT REVIEW NOT REQUIRED – PLEASE RETURN DIRECTLY TO DOT

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract).

Department(s): _____

Approved: _____ Disapproved: _____

Date: 5/12/08 By: _____

Approved: _____ Disapproved: _____

Date: _____ By: _____

DOT

RECEIVED