

CONTRACT ROUTING SHEET

Date Prepared: 4/16/18

Need Date: For BOS Mtg. 5/22/18

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Resolution Increasing Development Impact Fees for El Dorado Hills CSD
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL:

Approved: _____ Disapproved: X Date: 5/2/18 By: Bre Moebius
Approved: X Disapproved: _____ Date: 5/10/18 By: Bre Moebius

EL DORADO COUNTY COUNSEL
2018 APR 17 AM 7:33

5/2/18: Please see edits, comments, and questions on draft.

5/8/18: returning w/ revised resolution set

5/10/18: Please have District provide vote on its Resolution. Approval subject to Consultant's letter of explanation.

EL DORADO COUNTY COUNSEL
2018 MAY -8 PM 1:13