

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 8/30/18

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office

Dept. Contact: Sarah Todoroff

Phone: 621-5657

Department: 8/30/18

Head Signature: [Signature]

**CONTRACTOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Please Review Emergency Alarm Systems Fees Resolution

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved:  Disapproved: \_\_\_\_\_ Date: 8/31/18 By: [Signature]

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

EL DORADO COUNTY COUNSEL  
AUG 30 PM 3:08

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x \_\_\_\_\_ FOR PICK-UP...THANKS!