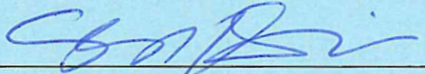


CONTRACT ROUTING SHEET

Date Prepared: 4/19/19

Need Date: BOS Hearing 5-14-19

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Mosquito Fire Protection District
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: Review Resolution
Contract Term: NA Contract Value: NA
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL:

Approved: X Disapproved: _____ Date: 4/27/19 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see comments and edits on draft.

2019 APR 22 AM 7:42
COLORADO COUNTY COUNSEL

19-0724