

CONTRACT ROUTING SHEET

Date Prepared: 5/7/19

Need Date: 5/17/19

PROCESSING DEPARTMENT:

Department: County Counsel
Dept. Contact: Molly Johnston *jm*
Phone #: X5781
Department _____
Head Signature: _____

CONTRACTOR:

Name: WEST
Address: 610 Opperman Drive (P.O. Box 64833)
Eagan, MN 55123-1803
Phone: (800) 328-4880

CONTRACTING DEPARTMENT: County Counsel

Service Requested: On-line legal publications
Contract Term: 7/1/2019-6/30/2022 Contract Value: \$127,042.21
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 5/10/19 By: D. Livingston *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____