

Date Prepared: 8/16/19	Need Date: 8/19/19
PROCESSING DEPARTMENT: Department: Auditor-Controller Dept. Contact: Amy Phone: X5421	CONTRACTOR: Name: Address:
Department Head Signature:	Phone:
CONTRACTING DEPARTMENT: Auditor-Contract Term: Auditor-Contract Term:	Annual Resolution adopting secured tax rates
COUNTY COUNSEL: (Must approve all contemporate	Date: 8/20/19 By: 60/84/
HP APPROVAL: WILL BE DEVIEWED THE	OLICH WORKELOW

PLEASE CALL x____ FOR PICK-UP...THANKS!

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW