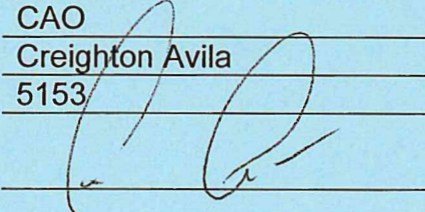


# RESOLUTION ROUTING SHEET

Date Prepared: 10/17/19

Need Date: 10/23/19

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Creighton Avila  
Phone: 5153  
Department  
Head Signature: 

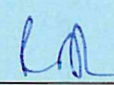
**CONTRACTOR:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: \_\_\_\_\_  
Project String: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Service Requested: Review three resolutions for Western Slope Cemetery Zone of Benefit  
Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 10/25/19 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

3 Resolutions drafted  
2 Ballot measures drafted

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

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