

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/25/2020

Need Date: _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Planning and Building
Dept. Contact: Creighton Avila
Phone: 5153
Department Head Signature: Creighton Avila
Digitally signed by Creighton Avila
Date: 2020.05.06 14:49:30 -07'00'
Creighton Avila

Name: _____
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT:

Service Requested: Review ordinance amendment regarding commercial cannabis fingerprinting.
Description: _____
Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: Date: 05/06/2020 By: Breann Moebius
Digitally signed by Breann Moebius
Date: 2020.05.06 14:18:12 -07'00'
Approved: Disapproved: Date: _____ By: _____

Approved as to form.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP hlsa-contracts@edcgov.us Thank you!