

Agreement # \_\_\_\_\_

Legistar # \_\_\_\_\_

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 07/16/2020

Need Date: 07/23/2020

**PROCESSING DEPARTMENT:**

Department: CAO-EMS/EP  
Dept. Contact: Michelle Patterson  
Phone: 530-621-6505  
Department Head Signature: Michelle Patterson

Digitally signed by Michelle Patterson  
DN: cn=Michelle Patterson, o=Chief Administrative  
Office, ou=Emergency Medical Services Agency,  
email=Michelle.Patterson@ed.gov.us, c=US  
Date: 2020.06.30 10:27:14 -0700

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Org Code: 1210110  
Project # \_\_\_\_\_  
(if applicable): \_\_\_\_\_  
Funding Source: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Emergency Medical Services Agency

Service Requested: Resolution for annual benefit assessment fee on improved parcels in SLT

Description: (CC deleted an incorrect reference to a different resolution in this field)

Contract Term: FY 2020-2021 Contract Value: \$ 0.00

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

Approved:  Disapproved:  Date: 07/24/2020 By: Kathleen  
Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

Digitally signed by Kathleen  
Date: 2020.07.24 10:48:51  
-0700

Approval as to resolution only.

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

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

**PLEASE EMAIL SIGNED DOCUMENT TO:**

**Thank you!**