Agreement # ____

Legistar # ___

AGREEMENT CONTRACT ROUTING SHEET		
Date Prepared: 5/27/2020	Need Date: June 26, 2020	
PROCESSING DEPARTMENT:	CONTRACTOR:	
Department: AQMD	Name: N/A	
Dept. Contact: Rania Serieh Phone: 530 621 7509	Address:	
Department Head Signature:	Phone:	
	Org Code:	
	Project String (if applicable):	
	Funding Source:	
CONTRACTING DEPARTMENT: AQMD		- 1
Service Requested: Review of Revised Rule 215 Architectura Public hearing and staff report	ral Coatings, Resolution, CEQA Notice of Exemption, Notice of	Л
Description: <u>N/A</u>	Contract Value: \$0.00	
	and MOU's) Date: <u>8/6/2020</u> By: <u>JDS</u> Date: By:	
···	Date: Dy:	
Please see edits/comments on drafts.		
All changes were made. 6/3/2020		
HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW		
RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW		
PLEASE EMAIL	FOR PICK-UP	
Thank you!		

20-1038 A 1 of 1