

# CONTRACT ROUTING SHEET

Date Prepared: 7/8/20

Need Date: 7/15/20

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department Authorization: [Signature]

**CONTRACTOR:**

Name: NITFPD  
Address: PO Box 5879  
Tahoe City CA  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review Ambulance Transport Agreement for Tahoe West Shore Zone  
Contract Term: 3 years Contract Value: \$N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: \_\_\_\_\_ Disapproved: ✓ Date: 7/17/20 By: K. Markham  
Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/5/20 By: K. Markham

Re-submit 7/20. Changed all references to operations contractor.  
All other changes tracked. 8th  
→ 8/5/20 Please correct typo on pg. 12

EDC COUNTY COUNSEL  
2020 JUL 20 AM 11:21

EDC COUNTY COUNSEL  
2020 JUL 8 PM 2:10