Resolution No.: $\qquad$

## RESOLUTION ROUTING SHEET

Date Prepared: ..... 04/23/2021
Need Date: ..... 05/10/2021
PROCESSING DEPARTMENT:
Department: Transporation \& Environmental Management
Contact Name: ..... Brittany Simon
Email Address: brittany.simon@edcgov.us
Department Head Signature:
$\qquad$ Requesting Department: $\qquad$ Org Code: N/A
Service Requested: Resolution Review
Description:
Resolution - Confirming Annual Report of Benefit Assessments for CSA 3 FY 21/22
Phone: ..... ext. 5178

## COUNTY COUNSEL:

Approved: $\boxed{\square}$ Disapproved: $\square$ Date: 4/28/2021 County Counsel Signature: Daniel Vandekoolwyk $\begin{aligned} & \text { Digitally signed by Daniel Vandekoolwyk } \\ & \text { Date: 2021.04.28 11:30:44-07'00' }\end{aligned}$

County Counsel Comments:

HR APPROVAL: N/A (Resolution) RISK MANAGEMENT: N/A (Resolution)

