

WHEREOF, the parties hereto have executed this agreement on the day, month, and year above written:

FOR MILWAUKEE COUNTY:

FOR _____

BY: _____ DATE: _____

BY: _____ DATE: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

DEPARTMENT: _____

TAXPAYER ID No.: _____

REVIEWED AS TO INSURANCE REQUIREMENTS:

APPROVED WITH REGARDS TO COUNTY ORDINANCE CHAPTER 42:

BY: _____ DATE: _____

BY: _____ DATE: _____

Risk Manager
Office of Risk Management

Director
Community Business Development Partners

APPROVED AS TO FUNDS AVAILABLE PER WISCONSIN STATUTES §59.255(2)(e):

APPROVED REGARDING FORM AND INDEPENDENT CONTRACTOR STATUS:

BY: _____ DATE: _____

BY: _____ DATE: _____

Milwaukee County Comptroller
Office of the Comptroller

Corporation Counsel
Office of Corporation Counsel

REVIEWED AND APPROVED BY THE COUNTY EXECUTIVE:

APPROVED AS COMPLIANT UNDER §59.42(2)(b)5, STATS.:

BY: _____ DATE: _____

BY: _____ DATE: _____

David Crowley, County Executive
Office of the County Executive

Corporation Counsel
Office of Corporation Counsel