FRESNO CITY ATTORNEY’S OFFICE

**REQUEST FOR LEGAL SERVICE (RLS)**

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| \*Project Title (include address/names, etc.): | | | | City Attorney Office Control No.: | | | | | | |
| Dept. Contact: |  | | | Phone #: | |  | | | | |
| Pick Up Contact: | | | | Phone #: | |  | | | | |
|  | | | |
| **Standard completion time is 10 business days. For submission deadlines for specific Council meeting dates, please refer to the “Reports to Council Process Due Dates” schedule provided by the City Manager’s Office.** | | | | | | | | | | |
| **Report to City Council submitted for review? Yes  No  City Manager requires CAO to approve all Reports to City Council prior to uploading into Granicus.** | | | | | | | | | | |
| **Contract Counsel Requested? Yes  No** If “Yes,” our office will contact you to discuss. | | | | | | | | | | |
| **Description of Legal Service Being Requested:** | | | | | | | | | | |
| **Complete Sections Below:** | | | | | | | | | | |
| Fund #: |  | Project ID: |  | | | | PC BU: | | |  |
| Org #: |  | Activity ID: |  | C.O.: |  | | Res Type: | | |  |
| **Capital Improvement Project (CIP): Yes  No  (Response Required)**  **Time Keeping Required for Billing or Reimbursement:** **Yes  No  (Response Required)**  The above numbers will be used to bill for costs incurred as a result of this request for legal service. | | | | | | | | | | |
| At the request of the City Manager, no legal service can be provided unless this form is completed. If **resubmitting** **documents, please attach a copy of this form and previous drafts.**  Estimates from the City Attorney available on request to cover all legal services and costs. When fee expenditures reach a certain level, a revised estimate for the completion of the project can be provided. | | | | | | | | | | |
| I am authorized to request these services from the City Attorney and to identify the appropriate funding source and CIP designation, as appropriate, in the Sections above. **There are now and will be for the duration of this project, sufficient funds in the accounts designated above to pay for the legal services requested.** | | | | | | | | | | |
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| Department | | Title | Authorized Department Signature | | | | |  | Date | |
|  | |  |  | | | | |  |  | |
| Department | | Title | Authorized Department Signature | | | | |  | Resubmitted Date | |

\*When calling for project status, please reference the Project Title language used on RLS.