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Legislative Review Form 1 - - 0 0 9



county agencies, or stakeholders

Dow Constantine reappt to STB

Agency: DES	Contact person Ybarra	Phone 3-9651
Ordinance Motion	Proviso Report C	Other
Civil Division Prosecuting Atto	rney Review	
Name & John Verberg		Date 12-20 55 7
Dept. Director or Designee Rev	iew	S OF RE
Name Ruck Ybarra	Version Fnal	Date Date RECEIVED RECEIVED Date Date
Performance Strategy & Budget Office Review		
Name NIA	Version	Date SNOL 3: 50
Technical Form/Code Reviser Review - Confirm adherence to legislative format		
Name Bruce Return	Version Final	Date 17-20
Executive Office Review & Transmittal Approval		
Name Juc woods	Version final	Date
ENTRANCE CRITERIA REVIEW		
	EXEC O	FFICE (initials) KCC CLERK
Fiscal note?	Y	NA 🚺 Y Y NA 🗍 N
KC Strategic Plan reference in le		NA Y Y NA NA
Proof read for spelling and gram All pertinent attachments listed/l		NA Y NA NA
Costs identified/described in lett		NA Y NA
Regulatory Note Required and C		NA V Y NA
Formatted/Delivered in word-searchable doc format?		
Potential Annexation Area (PAA) impacts identified?		
Advertising required? if yes, cite all pertinent code/laws. Y NA V		
Any special circumstances affect	ing processing time? Y	NA Y NA NA NA
Other background information not included in transmittal letter, including explanation of impact to cities,		