

JPW

# Legislative Review Form



King County

2014-433

recipients  
Frank  
Jackson

Agency: DES/OCROG

Contact person Rick Ybarra

Phone: 206-263-9651

Ordinance ☐ Motion ☒ Proviso ☐ Report ☐ Other ☐

## Civil Division Prosecuting Attorney Review

Name John Gerberding, PAO

Version **Final**

Date 10/7/2014 @ 5:14pm

## Dept. Director or Designee Review

Name Kelli Williams, Director, OCROG Version **Final**

Date

## Performance Strategy & Budget Office Review

Name N/A

Version

Date

## Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen, Council Staff

Version **Final**

Date 9/23/14 @ 2:59pm

## Executive Office Review & Transmittal Approval

Name Joe Woods, Deputy Chief of Staff Version **Final**

Date 9/19/2014 @ 10:00 am

RECEIVED  
2014 OCT 13 PM 3:38  
CLERK  
KING COUNTY COUNCIL

## ENTRANCE CRITERIA REVIEW

	EXEC OFFICE (initials)			KCC CLERK		
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Costs identified/described in letter	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y	Y <input type="checkbox"/>	NA <input type="checkbox"/>	

Other background information not included in transmittal letter, including explanation of impact to cities, county agencies, or stakeholders