Legislative Review Form



w Form

applies

2016-Savary AB

Agency: DCHS		Contact personA		Adrienne Quinn Phone 3-			-9100_		
Ordinance	Motion 🔀	Proviso 🗌	Report		Other				
Civil Division Pro	secuting Attorn	ey Review							
Name Mike Sinsky		Version	Version final		Da	ate 1-1	4		
Dept. Director or Designee Review							T.	2016	
Name Adrienne Quinn		Version	Version final		Date		300	C	REC
Performance Strategy & Budget Office Review							3 C	UT.	
Name N/A Version					Da	ite	USANOS V	AM 9: 43	EIVED
Technical Form/Code Reviser Review - Confirm adherence to legislative format									
Name Bruce Ritzen Versio			final		Date				
Executive Office R	eview & Trans	mittal Approva	1						
Name MIchelle Allison		Version	final		Date 1-14				
	Ē	ENTRANCE C	CRITERIA	REVI	IEW		,		
				EC C	FFICE (in	nitials)	KCC	CLEF	RK
Fiscal note?				7	NA 🛛 🗸			NA	7
KC Strategic Plan reference in letter?			Y		NA 🗌 、			NA	ĺ
Proof read for spelling and grammar?					NA 🗌 🔪			NA 🗀	j
All pertinent attachments listed/labeled?					NA 🔲 🗸		Y	NA 🗀	j
Costs identified/described in letter					NA 🛛 🗸		Y	NA []
Regulatory Note Required and Complete?					NA 🛛 🕻		Y	NA []
Formatted/Delivered in word-searchable doc format?					NA 🗌 🕻		Y [NA 🗌	
Potential Annexation Area (PAA) impacts identified? Advertising required? if yes, cite all pertinent code/laws.					NA 🛛 a			NA _]
Any special circumstances affecting processing time?					NA 🛛 🗸			NA [
- F the difficulties affecting processing time?					NA 🛛 🗡		Y	NA 🗌	

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