Legislative Review Form



rm apphres Strunk Clarkon YAD

King County		2	ULO	1100
Agency:DCHS	Contact personA	drienne Quinn	Phone <u>3-91</u>	00
Ordinance Motion M	Proviso Report Report	Other _]	
Civil Division Prosecuting Attor	ney Review			
Name Mike Sinsky Version final			Date 1-14	
Dept. Director or Designee Revi	ew			7016 7016
Name Adrienne Quinn	Version final		Date	RECEIVED 8 JAN 15 AM 9: 42 845 COUNTY COUNCIL
Performance Strategy & Budget	Office Review			5 €
Name N/A Version			Date	VED
Technical Form/Code Reviser R	eview - Confirm adherence	ce to legislative	format	= 2
Name Bruce Ritzen	Version final	Date		
Executive Office Review & Tra	nsmittal Approval			
Name MIchelle Allison	Version final	Date	1-14	
	ENTRANCE CRITER	IA REVIEW		
		EXEC OFFIC	E (initials)	KCC CLERK
Fiscal note? KC Strategic Plan reference in It Proof read for spelling and grant All pertinent attachments listed. Costs identified/described in let Regulatory Note Required and Formatted/Delivered in word-se Potential Annexation Area (PA Advertising required? if yes, cit Any special circumstances affe	nmar? /labeled? tter Complete? earchable doc format? A) impacts identified? te all pertinent code/laws.	Y □ NA □ Y ⋈ NA □ Y □ NA □		Y NA

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