Legislative Review Form



w Form applies to valid to the state of the

Agency: DCHS	Contact person Ad	rienne Quinn Phone 3-9	100
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		7 20
Name Adrienne Quinn	Version final	Date	RECEIVED
Performance Strategy & Budget	Office Review		福 5 四
Name N/A	Version	Date	M 9: 38
Technical Form/Code Reviser R	deview - Confirm adherenc	e to legislative format	် မ အ
Name Bruce Ritzen	Version final	Date	
Executive Office Review & Tra	nsmittal Approval		
Name MIchelle Allison	Version final	Date 1-14	
	ENTRANCE CRITERI	A REVIEW	
		EXEC OFFICE (initials)	KCC CLERK
Fiscal note? KC Strategic Plan reference in Proof read for spelling and gran All pertinent attachments listed Costs identified/described in le Regulatory Note Required and Formatted/Delivered in word-s Potential Annexation Area (PA Advertising required? if yes, ci	nmar? /labeled? tter Complete? earchable doc format? A) impacts identified?	Y □ NA □ V	Y NA

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