Legislative Review Form



2016-061 to you

Agency: DCHS	Contact personA	Adrienne Quinn Phone 3	-9100
Ordinance Motion P	roviso Report [Other	
Civil Division Prosecuting Attorney Review			
Name Mike Sinsky	Version final	Date 1-1	14 T 20 5
Dept. Director or Designee Review			COC TO
Name Adrienne Quinn	Version final	Date	RECEIVED IS JAN 15 AM 9: 37 NO COUNTY NO COUNTY
Performance Strategy & Budget Office Review			
Name N/A	Version	Date	= -
Technical Form/Code Reviser Review - Confirm adherence to legislative format			
Name Bruce Ritzen	Version final	Date	
Executive Office Review & Transmittal Approval			
Name MIchelle Allison	Version final	Date 1-14	
ENTRANCE CRITERIA REVIEW			
EXEC OFFICE (initials) KCC CLERK) KCC CLERK
Fiscal note? KC Strategic Plan reference in letter? Proof read for spelling and grammar? All pertinent attachments listed/labeled? Costs identified/described in letter Regulatory Note Required and Complete? Formatted/Delivered in word-searchable doc format? Potential Annexation Area (PAA) impacts identified? Advertising required? if yes, cite all pertinent code/laws. Any special circumstances affecting processing time?		Y	Y NA

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