Legislative Review Form



Form apphred to January AD 2016-WESTAD

Agency:DCHS	Contact personA	drienne Quii	nn Phone	3-9100
Ordinance Motion M	Proviso Report	Other	r 🔲	
Civil Division Prosecuting Attorn	ney Review			
Name Mike Sinsky	Version final		Date 1	
Dept. Director or Designee Revie	w			
Name Adrienne Quinn	Version final		Date	
Performance Strategy & Budget Office Review				CEIVED
Name N/A	Version		Date	9: 3 9: 3
Technical Form/Code Reviser Review – Confirm adherence to legislative format				
Name Bruce Ritzen	Version final	Dat	e	
Executive Office Review & Trans	smittal Approval			
Name MIchelle Allison	Version final	Dat	e 1-14	
	ENTRANCE CRITER	IA REVIEW	<u>/</u>	
EXEC OFFICE (initials) KCC CLERE				
Fiscal note?		Y NA	X (Y NA
KC Strategic Plan reference in letter?		Y 🛛 NA	· · ·	Y NA
Proof read for spelling and grammar?		Y NA	_ C	Y NA
All pertinent attachments listed/labeled?		Y NA	-	Y NA
Costs identified/described in letter			N V	Y NA
Regulatory Note Required and Complete?			N V	Y NA
Formatted/Delivered in word-searchable doc format?		Y⊠ NA Y□ NA		Y NA
Potential Annexation Area (PAA) impacts identified? Advertising required? if yes, cite all pertinent code/laws.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y NA NA NA
Any special circumstances affecting processing time?				1 1 1 1 1

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