Legislative Review Form



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County Dates

County Phone 3 0100

							P. 10	
Agency: DCHS		Contact per	son <u>Adı</u>	rienne	Quinn Pho	ne <u>3-9100</u>		_
Ordinance	Motion 🖂	Proviso	Report		Other 🗌			
Civil Division Pr	osecuting Attor	rney Review						
Name Mike Sinsky		Version	final		Date	1-14	F-3	
Dept. Director or	Designee Revi	ew				Ĉ.	0 8 0	\mathbb{R}
Name Adrienne Quinn		Version	final		Date		5	RECEIVED
Performance Strategy & Budget Office Review								< E
Name N/A	Version			Date	LLA COUNCIL ERK	9: 35		
Technical Form/	Code Reviser R	eview – Confirm	adherence	to leg	islative forma	<u>t</u>		
Name Bruce Ritzen		Version	Version final Date					
Executive Office	Review & Train	nsmittal Approva	1					
Name MIchelle Allison		Version final Date			Date 1-14			
		ENTRANCE C	CRITERIA	REV	IEW			
			EX	KEC (OFFICE (init	ials) KCC	CLE	RK
Fiscal note?			, ,	Y	NA X Y	Y	NA [
KC Strategic Plan reference in letter?			7	Y	NA 🗆 🗸	Y	NA [ī
Proof read for spelling and grammar?			7	Y	NA 🗌 🕻	Y	NA [
All pertinent attachments listed/labeled?			7	$X \boxtimes Y$	NA 🗌 🕻	Y	NA [
Costs identified/described in letter			7	$I \square$	NA 🗆 🚄	Y	NA[
egulatory Note Required and Complete?				$I \square$	NA 🖂 💪	Y	NA [
Formatted/Delivered in word-searchable doc format?					NA 🗌 🗡	Y	NA [
Potential Annexation Area (PAA) impacts identified?					NA 🛛 🕻	Y	NA [
Advertising required? if yes, cite all pertinent code/laws.					NA 🛛	Y	NA [
Any special circumstances affecting processing time?					$NA \boxtimes I$	Y	NA [

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