## **Legislative Review Form**



Form

Apply mark

Apply to

Phone 3-9100

Agency: DCHS	Contact person Adrienne Quinn Phone 3-9100					
Ordinance Motion P	roviso Report	Other _	]			
Civil Division Prosecuting Attorne	y Review			100	2	
Name Mike Sinsky	Version final		Date 1-14	* 0		双而
Dept. Director or Designee Review						CH
Name Adrienne Quinn	Version final		Date	**************************************	AM 9	RECEIVED
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				
Fiscal note?		Y NA NA	Y	Y	NA [	
KC Strategic Plan reference in letter?		Y NA	(	Y	NA [	
Proof read for spelling and grammar?		Y NA	<b>V</b>	Y	NA [	
All pertinent attachments listed/labeled?		Y NA		Y	NA	
Costs identified/described in letter		Y NA NA			NA [	
Regulatory Note Required and Complete?		Y NA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Y	NA [	_
Formatted/Delivered in word-searchable doc format?		Y NA	] <b>Y</b>	Y	NA [	_
Potential Annexation Area (PAA) impacts identified? Advertising required? if yes, cite all pertinent code/laws.		Y NA NA NA		V	NA [	_
Any special circumstances affecting	Y NA		Y	NA [		

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