Legislative Review Form



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Agency: <u>DCHS</u>		Contact person Adr		rienne Qu	nne Quinn Phone 3-			_
Ordinance	Motion 🖂	Proviso	Report	Othe	er 🗌			
Civil Division Pr	rosecuting Attor	ney Review				-3.	2	
Name Mike Sinsky		Version final			Date 1-	14	5	双曲
Dept. Director or	Designee Revi	ew				OUXTY O	<u>-</u>	CH
Name Adrienne Quinn		Version	Version final		Date	A COUNCIT	A C	RECEIVED
Performance Strategy & Budget Office Review						K C	3: 26	
Name N/A	Version	1		Date				
Technical Form/	Code Reviser R	eview – Confirn	n adherence	to legislat	ive format			
Name Bruce Rit	zen	Version	Version final		te			
Executive Office	Review & Tran	nsmittal Approva	<u>al</u>					
Name MIchelle Allison		Version final			te 1-14			*)
		ENTRANCE	CRITERIA	REVIEV	<u>V</u>			
				EXEC OFFICE (initials) KCC CLERK				
Fiscal note?			Y.	Y NA	Y	Y	NA	
KC Strategic Plan reference in letter?			Y	Y NA	A \ \ \ \ \		NA	Ī
Proof read for spelling and grammar?			7	Y NA	A 🔲 🗸	Y	NA	Ī
All pertinent attachments listed/labeled?			7	Y NA	A D V	Y	NA	
Costs identified/described in letter				Y NA	A 🖂 🕻	Y	NA	
Regulatory Note Required and Complete?				Y NA	A 🖂 🕻	Y	NA [
Formatted/Delivered in word-searchable doc format?				NA NA	Y X	Y	NA [
Potential Annexation Area (PAA) impacts identified?				I NA	IX	Y	NA [
Advertising required? if yes, cite all pertinent code/laws.					$\backslash \boxtimes \backslash$		NA [
Any special circumstances affecting processing time?				I NA	$\setminus \boxtimes \setminus$	Y	NA [

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