

DU  
H3S  
800 4100

2015-145

Legislative Review Form

7th  
annual  
MWD  
report



**King County**

Agency: DCHS Contact Person Adrienne Quinn Phone 206-263-9100

Ordinance  Motion  Proviso  Report  Other

Civil Division Prosecuting Attorney Review

Name Mike Sinsky Version Final Date 3/2/15

Dept. Director or Designee Review

Name Terry Mark Version Final Date 3/6/15

Performance Strategy & Budget Office Review

Name Emmy McConnell Version final Date

Technical Form/Code Reviser Review – Confirm adherence to legislative format

Name Bruce Ritzen Version Final Date 3/3/15 ✓

Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date

RECEIVED  
2015 MAR 25 PM 3:27  
CLERK  
KING COUNTY COUNCIL

ENTRANCE CRITERIA REVIEW

EXEC OFFICE (initials) KCC CLERK

Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	8	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	8	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	8	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	6	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Costs identified/described in letter	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	6	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	6	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	6	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	6	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	6	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No

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