Legislative Review Form



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Cased

King County			
Agency: DCHS	Contact personAdn	rienne Quinn Phone 3-	7. (2)
Ordinance Motion M	Proviso Report Report	Other	
Civil Division Prosecuting Attor	rney Review		元 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Name Mike Sinsky	Version final	Date 1-1	RECEIVED 16 JAN 15 AM 9: 31 NS COUNTY COUNCIL
Dept. Director or Designee Review			
Name Adrienne Quinn	Version final	Date	X
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	s) KCC CLERK
Fiscal note? KC Strategic Plan reference in Proof read for spelling and gra All pertinent attachments listed Costs identified/described in le Regulatory Note Required and Formatted/Delivered in word-Potential Annexation Area (PA Advertising required? if yes, of Any special circumstances affi	mmar? d/labeled? etter l Complete? searchable doc format? AA) impacts identified? eite all pertinent code/laws.	Y □ NA □ Y	Y NA

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