

BPM
DA
WSIL

Legislative Review Form

OPD Hint Lease Ordinance



King County

2018-288

Agency: DES/FMD Contact person Anthony Wright Phone 206-477-9352

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name Chris Leopold Version **Final** Date May 14 2018

Dept. Director or Designee Review

Name Tom Koney, DES Deputy Director Version **Final** Date 5

Performance Strategy & Budget Office Review

Name Sid BENDER Version Final Date 6-7-18

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

Name Bruce Ritzen, Council Staff Version **Final** Date April 18, 2018

Executive Office Review & Transmittal Approval

Name Shannon Braddock Version Final Date 6-19-18

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2018 JUN 22 AM 8:45
KING COUNTY COUNCIL CLERK

ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>			<u>KCC CLERK</u>		
Fiscal note?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Costs identified/described in letter	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	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"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	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"/>	LW	Y <input type="checkbox"/>	NA <input type="checkbox"/>	No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	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