

RBD
RDC
Carlson/Bouquard

Legislative Review Form

Metro Strategic Plan and Service Guidelines Plus Ordinance



King County

2015005

Agency: DOT/Transit

Contact person: Christina O'Claire Phone: 206-477-5801

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name Cheryl Carlson Version 1 Date 11/1/15

Dept. Director or Designee Review

Name *Mu Demura* Date *11/1/15*

Name *Peter Hoffman for Laurie Brown* Date *11/24/15*

Performance Strategy & Budget Office Review

Name *Shelley Owens* Version *Final* Date

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

Name Bruce Ritzen Version 1 Date 11/1/15

Executive Office Review & Transmittal Approval

Name *Michelle Allison* Version *Final* Date

RECEIVED
 2015 DEC 16 AM 8:04
 KING COUNTY COUNCIL CLERK

ENTRANCE CRITERIA REVIEW

	EXEC OFFICE (initials)		KCC CLERK	
Fiscal note?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Costs identified/described in letter	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Advertising required? if yes, cite all pertinent code/laws.	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input type="checkbox"/>

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