

# Legislative Review Form

ME  
RDi  
LK-Z



## King County

Agency: **DNRP/DO**      Contact person **Rachel Brombaugh**      Phone **206-263-9633**

Ordinance       Motion       Proviso       Report       Other

Civil Division Prosecuting Attorney Review

Name Michael Graves      Version Final      Date 12/16/20

Dept. Director or Designee Review

Name Katherine Taylor      Version Final      Date 12/28/20

Performance Strategy & Budget Office Review

Name: Becca Johnson-Poppe      Version: Final      Date: 1/15/21

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

---

Name Bruce Ritzen      Version      Date

Executive Office Review & Transmittal Approval

Name: Karan Gill      Version: Final      Date: 1/26/21

### ENTRANCE CRITERIA REVIEW

#### EXEC OFFICE (initials)    KCC CLERK

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