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King County

Legislative Review Form

2015-105

appointing
Linda
Seltzer

Agency: DES/OCROG Contact person Rick Ybarra Phone: 206-263-9651

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name John Gerberding, PAO Version **Final** Date 2/17/2015 @ 8:50am

Dept. Director or Designee Review

Name Kelli Williams, Director, OCROG Version **Final** Date

Performance Strategy & Budget Office Review

Name NIA Version Date

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

Name Bruce Ritzen, Council Staff Version **Final** Date 2/10/2015 @ 1:21 pm ✓

Executive Office Review & Transmittal Approval

Name Joe Woods, Deputy Chief of Staff Version **Final** Date 1/27/2015 @ 4:30pm

RECEIVED
2015 MAR -3 PM 3:36
CLERK
KING COUNTY COUNCIL

ENTRANCE CRITERIA REVIEW

	<u>EXEC OFFICE (initials)</u>		<u>KCC CLERK</u>	
Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/>	NA <input checked="" 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 type="checkbox"/>	NA <input checked="" type="checkbox"/>	Y <input 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