## **Legislative Review Form**



county agencies, or stakeholders

2014-260
Review Form

apply
unmorrose
unmorrose

| Agency: DES/OCROG                                                                                      | Contact person Ric | k Ybarra                | Phone:                | 206-263-9651                             |  |
|--------------------------------------------------------------------------------------------------------|--------------------|-------------------------|-----------------------|------------------------------------------|--|
| Ordinance Motion P                                                                                     | Proviso Report [   |                         | Other 🗌               |                                          |  |
| Civil Division Prosecuting Attorne                                                                     | y Review           |                         |                       |                                          |  |
| Name Mike Sinsky, PAO Version <b>Final</b>                                                             |                    | Date 6/13/2014 @ 1:26PM |                       |                                          |  |
| Dept. Director or Designee Review                                                                      | <u> </u>           |                         |                       |                                          |  |
| NameKelli Williams, Director, OCROG Version Final                                                      |                    |                         | Date 6/               | Date 6/16/2014 3:43 PM                   |  |
| Performance Strategy & Budget Of                                                                       | ffice Review       |                         |                       | REC                                      |  |
| Name AII A                                                                                             | Version            |                         | Date                  | RECEIVED IN 1:2                          |  |
| Technical Form/Code Reviser Review – Confirm adherence to legislative format                           |                    |                         |                       |                                          |  |
| NameBruce Ritzen, Council Staff                                                                        | Version Final      |                         | Date 6/               | 13/2014@ 9:5 <del>3a</del> m             |  |
| Executive Office Review & Transm                                                                       | mittal Approval    |                         |                       |                                          |  |
| NameJoe Woods, Deputy Chief of Staff Version Final                                                     |                    |                         | Date 6/10/2014 @ 10am |                                          |  |
| ENTRANCE CRITERIA REVIEW                                                                               |                    |                         |                       |                                          |  |
|                                                                                                        |                    | EXEC (                  | OFFICE (initial       | s) KCC CLERK                             |  |
| Fiscal note?                                                                                           |                    | Υ                       | NA 🗸 🕻                | Y NA                                     |  |
| KC Strategic Plan reference in lette                                                                   | er?                | Y                       | NA 🔲 🗸                | Y NA                                     |  |
| Proof read for spelling and gramma                                                                     | ar?                | Y                       | NA 🗌 🗸                | Y NA                                     |  |
| All pertinent attachments listed/lab                                                                   | eled?              | Υ                       | NA 🗌 🗖                | Y NA                                     |  |
| Costs identified/described in letter                                                                   |                    | Y                       | NA V r                | Y NA                                     |  |
| Regulatory Note Required and Complete?                                                                 |                    | Υ                       | NA V                  | Y NA                                     |  |
| Formatted/Delivered in word-searchable doc format? Potential Annexation Area (PAA) impacts identified? |                    | YV                      | NA .                  | Y NA                                     |  |
| Advertising required? if yes, cite al                                                                  |                    | Y L                     | NA V                  | Y NA |  |
| Any special circumstances affecting                                                                    | •                  | Y                       | NA V                  | Y NA Y NA NA                             |  |
|                                                                                                        |                    | -                       |                       | - American -                             |  |

Other background information not included in transmittal letter, including explanation of impact to cities,