



Agency: Public Health Co	Health Contact person: Maria Wood			Phone <u>263-8791</u>	
Ordinance Motion Provis	so Report	Ot	her		
Civil Division Prosecuting Attorney Rev	view				
Name <u>Amy Eiden</u>	Version had		Date Ma	ay 13, 2015	
Dept. Director or Designee Review					
Name Eben Sutton	Version final		Date Au	igust, 2015	
Performance Strategy & Budget Office Review					
Name Kapera Aflum	Version final		Date		
Technical Form/Code Reviser Review – Confirm adherence to legislative format					
Name Bruce Ritzen	Version final		Date Ma	ay 14, 2015	
Executive Office Review & Transmittal Approval					
Name Michelle Allison	Version final		Date		
ENTRANCE CRITERIA REVIEW					
		EXEC OI	FFICE (initial	s) KCC CLERK	
Fiscal note? KC Strategic Plan reference in letter? Proof read for spelling and grammar? All pertinent attachments listed/labeled? Costs identified/described in letter Regulatory Note Required and Complete Formatted/Delivered in word-searchable Potential Annexation Area (PAA) impact Advertising required? if yes, cite all pert Any special circumstances affecting pro	e? e doc format? ets identified? tinent code/laws.	Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NA	Y NA	

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