

# Legislative Review Form

*DU  
H35  
A. Weber/Quinn*



**King County**

*BSK  
COO  
governance  
group*

2015-021

Agency: DCHS Contact person Adrienne Quinn Phone 263-9100

Ordinance  Motion  Proviso  Report  Other

Civil Division Prosecuting Attorney Review

Name Peggie Pahl Version Final Date 12/1/15

Dept. Director or Designee Review

Name Adrienne Quinn Version Final Date 12/1/15

Performance Strategy & Budget Office Review

Name NIA Version \_\_\_\_\_ Date \_\_\_\_\_

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

Name Bruce Ritzen Version Final Date 12/1/15

Executive Office Review & Transmittal Approval

Name Michelle Allison Version final Date \_\_\_\_\_

KING COUNTY CLERK

2015 DEC -1 PM 4: 16

RECEIVED

*Not the final version Bruce worked on*

**ENTRANCE CRITERIA REVIEW**

	<b><u>EXEC OFFICE (initials)</u></b>	<b><u>KCC CLERK</u></b>	
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 type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>	No
Regulatory Note Required and Complete?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>	No
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"/>	No
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"/>	No
Any special circumstances affecting processing time?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input type="checkbox"/>	No

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