Legislative Review Form

Porm North Seattle Public Health Public Health 1 2016-013



county agencies, or stakeholders

Agency: DES/FMD Co	ontact person Ar	nthony Wrig	tht	Phone <u>477-9352</u>
Ordinance Motion Provis	so Report	Otl	her	
Civil Division Prosecuting Attorney Re	view			
Name Chris Leopold	Version Final	- I	Date C	October 26, 2015
Dept. Director or Designee Review				
Name You You	Version Final		Date	11-17-15
Performance Strategy & Budget Office	Review			
Name Sid Berder	Version find		Date	October 21, 2015
Technical Form/Code Reviser Review - Confirm adherence to legislative format				
Name Bruce Ritzen	Version Final		Date C	October 21, 2015
Executive Office Review & Transmittal Approval				
Name Michelle Allison	Version fina	(Date	
ENTRANCE CRITERIA REVIEW				
*		EXEC OF	FICE (initia	ds) KCC CLERK
Fiscal note?		-	IA 🗆 🕻	Y NA 🗆
KC Strategic Plan reference in letter?			IAI	Y NA
Proof read for spelling and grammar?		-	IA T	Y NA
All pertinent attachments listed/labeled?		Y 📉 N	IA 🗌 Y	Y NA NA
Costs identified/described in letter		Y N	AXC	Y NA NA
Regulatory Note Required and Complete?		Y N	AX	Y NA NA
Formatted/Delivered in word-searchable doc format?		Y X N	A	Y NA
Potential Annexation Area (PAA) impacts identified?			A X 6	Y NA NA
Advertising required? if yes, cite all pertinent code/laws. Any special circumstances affecting processing time?			A X	Y NA D
Other background information not included in transmittal letter, including explanation of impact to cities,				