Legislative Review Form



2017-182

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| | Agency: DOT/Transit | Contact pers | son <u>Chris O'C</u> | laire Phone 47 | <u>7-5801</u> | |
|----|--|----------------------------|----------------------|--------------------|---------------|----|
| | Ordinance Motion M | Proviso | Report | Other | | |
| | Civil Division Prosecuting Attor | ney Review | | | | |
| , | Name Cheryl Carlson | Version | 1 | Date 3/8/1 | 17 | |
| 49 | Dept. Director or Designee Rev | i <u>ew</u> Version | final | Date 3 | 124/17 B | |
| | Name Shelley Vewys | t Office Review Version | final | Date | ECEIVED | |
| | Technical Form/Code Reviser I | Review - Confirm | adherence to l | egislative format | PH 3: 4. | |
| | Name Bruce Ritzen | Version | n 1 | Date 3/10 | 0/17 | |
| | Executive Office Review & Tr | | | | | |
| | Name Shannon Brade | de Versio | n final | Date | | |
| | ENTRANCE CRITERIA REVIEW | | | | | |
| | | | EXE | C OFFICE (initials |) KCC CLERK | |
| | Fiscal note? | | Υ[| NA 🛛 🖌 | Y NA | |
| | KC Strategic Plan reference in | letter? | Y | NA 🗌 | Y NA L | |
| | Proof read for spelling and gra | mmar? | Y | X NA 🗌 🕻 | Y NA | |
| | All pertinent attachments liste | d/labeled? | Y | X NA 🗌 🕻 | Y NA | |
| | Costs identified/described in le | etter | Y | | Y NA L | H |
| | Regulatory Note Required and | Complete? | Y | □ NA 🔀 🐧 | Y NA | 10 |
| | Formatted/Delivered in word- | searchable doc fo | rmat? Y | | Y NA NA | 10 |
| | Potential Annexation Area (P. | AA) impacts iden | tified? Y | | Y NA A |)F |
| | Advertising required? if yes, of Any special circumstances aff | ite all pertinent c | ode/laws. Y | NA NA | Y NA NA NA | Vo |

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