

Legislative Review Form

Kellie Rogers

HARRIS
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CC



King County

2019-475

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CLERK
KING COUNTY COUNCIL

Agency: EXEC Office Contact person Rick Ybarra Phone 206-263-9651

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name John Gerberding Version Final Date 10/31/2019 @ 1:34pm

Dept. Director or Designee Review

Name Rachel Smith Version Final Date 10/25/2019 @ 12:30pm

Performance Strategy & Budget Office Review

Name Version Date

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

Name Bruce Ritzen, Council Staff Version Final Date 10/31/2019 @ 12:26pm

Executive Office Review & Transmittal Approval

Name Shannon Braddock Version Final Date 10/25/2019 @ 12:30pm

ENTRANCE CRITERIA REVIEW

EXEC OFFICE (initials) KCC CLERK

	EXEC OFFICE (initials)	KCC CLERK
Fiscal note?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> eph	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/> eph	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Costs identified/described in letter	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Regulatory Note Required and Complete?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	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"/> eph	Y <input checked="" type="checkbox"/> NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	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"/> eph	Y <input type="checkbox"/> NA <input type="checkbox"/> No
Any special circumstances affecting processing time?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/> eph	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