

Dual
RTCL/Mob
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Legislative Review Form **2018-547**

King County
Metro Transit
2018 System
Evaluation

King County

Agency: DOT/Transit Contact person: Raj Cheriell Phone: 206-477-5821

Ordinance Motion Proviso Report Other

Civil Division Prosecuting Attorney Review

Name: Cheryl Carlson Version: Final Date: 8/25/18

Dept. Director or Designee Review

Name: Rob Gannon Version: Final Date 10/08/18

Performance Strategy & Budget Office Review

Name Shelley DeWys Version Final Date 10/25/18

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

Name: Bruce Ritzen Version: Final ✓ Date: 8/25/18

Executive Office Review & Transmittal Approval

Name Shannon Braddock Version Final Date

RECEIVED
 2018 OCT 31 PM 2:49
 KING COUNTY CLERK
 COUNTY CLERK

ENTRANCE CRITERIA REVIEW

EXEC OFFICE (initials) KCC CLERK

Fiscal note?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>
KC Strategic Plan reference in letter?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Proof read for spelling and grammar?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
All pertinent attachments listed/labeled?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Costs identified/described in letter	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Regulatory Note Required and Complete?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Formatted/Delivered in word-searchable doc format?	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>	LW	Y <input checked="" type="checkbox"/>	NA <input type="checkbox"/>
Potential Annexation Area (PAA) impacts identified?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	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"/>	LW	Y <input type="checkbox"/>	NA <input type="checkbox"/> No
Any special circumstances affecting processing time?	Y <input type="checkbox"/>	NA <input checked="" type="checkbox"/>	LW	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: n/a