

RDM  
WMS  
CC



# King County

## Legislative Review Form

# 2018-213

appointing  
Jessica  
Werner

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 2/6/2018 @ 11:48am

### Dept. Director or Designee Review

Name Rachel Smith Version Final Date 1/19/2018 @ 1:30pm

### Performance Strategy & Budget Office Review

Name N/A Version \_\_\_\_\_ Date \_\_\_\_\_

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

Name Bruce Ritzen, Council Staff Version Final Date 2/7/2018 @ 3:48pm

### Executive Office Review & Transmittal Approval

Name Dylan Ordonez Version Final Date 1/19/2018 @ 1:30pm

## ENTRANCE CRITERIA REVIEW

### EXEC OFFICE (initials) KCC CLERK

	EXEC OFFICE (initials)	KCC CLERK
Fiscal note?	Y <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Y <input type="checkbox"/> NA <input checked="" 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 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